

**The Wyoming Department of Health  
Mental Health and Substance Abuse Services Division  
Report to the Governor  
and the Joint Labor, Health, and Social Services Interim Committee**

**Report on Substance Abuse Control Plan**

**Compiled by  
Rodger McDaniel, Deputy Director  
Mental Health and Substance Abuse Services Division  
Staff of the Mental Health and Substance Abuse Services Division**

**Edited by  
Ginny Mahoney, M.A., Chief of Staff**

**Brent D. Sherard, M.D., M.P.H.  
Director and State Health Officer  
Wyoming Department of Health**

**2002 Legislative Special Session, Chapter 81**

**Wyoming Department of Health  
Mental Health and Substance Abuse Services Division  
(048)**

**Website: <http://wdh.state.wy.us/mhsa>  
Email: [substanceabuse@state.wy.us](mailto:substanceabuse@state.wy.us)**

**Cheyenne, Wyoming 82002**

**October 1, 2007**

## *Table of Contents*

|    |  |    |
|----|--|----|
| 1. | General Comments.....  | 1  |
| 2. | Specific Requirements of Statute.....  | 3  |
| 3. | Impact/Consequences/Outcomes .....   | 3  |
| 4. | Statistical Information.....   | 16 |
| 5. | Recommendations.....   | 17 |
| 6. | Summation and Conclusions.....   | 18 |
| 7. | Appendices.....  | 19 |
|    | A: Substance Abuse and Mental Health Services Administration<br>National Outcome Measures (NOMS).....            | 19 |
|    | B: Wyoming Performance Outcome Measures – Mental Health Survey for Youth .....                                   | 20 |
|    | C: Wyoming Performance Outcome Measures – Mental Health Survey for Adults .....                                  | 22 |
|    | D: Wyoming Performance Outcome Measures – Mental Health Survey for Families .....                                | 24 |
|    | E: Wyoming Performance Outcome Measures – Substance Abuse Survey for Youth.....                                  | 26 |
|    | F: Wyoming Performance Outcome Measures – Substance Abuse Survey for Adults .....                                | 28 |
|    | G: Alcohol Use: Youth and Adult Current Use .....  | 30 |
|    | H: Binge Drinking: Youth and Adult Patterns.....   | 31 |
|    | I: Methamphetamine Use: Youth Lifetime Use .....   | 32 |
|    | J: Methamphetamine Seizures: Division of Criminal Investigations (DCI).....                                      | 32 |
|    | K: Methamphetamine Labs 2001-2006 .....  | 33 |
|    | L: Substance Abuse Treatment Beds: Evolution from 2002 to Post S.F. 0076.....                                    | 33 |
|    | M: Per Capita Examination of Treatment Beds.....   | 34 |
|    | N: Wyoming Intensive Outpatient Services (Number of Beds by Type) .....  | 35 |
|    | O: General Substance Abuse Division Biennium Budget .....  | 35 |
|    | P: Substance Abuse Division Expenditures: Prevention vs. Treatment.....  | 36 |
|    | Q: Prevention Specific Expenditures FY 2007 by Region and Per Capita.....  | 37 |
|    | R: Treatment Specific Expenditures FY 2007 by Region and Per Capita.....   | 38 |
|    | S: Department of Family Services Expenditures FY 2007 .....  | 39 |
|    | T: Department of Corrections Expenditures FY 2007 .....  | 40 |
|    | U: Wyoming Department of Health – Mental Health and Substance Abuse<br>Services Division Expenditures 2007 ..... | 41 |

## **1. General Comments**

In prior years, the Substance Abuse Division filed a report focusing entirely on programs and expenditures from legislation enacted in 2002, House Bill 59 (HB59). This year's report is broader and will provide legislators with a comprehensive view of the work of the newly reorganized Mental Health and Substance Abuse Services Division of the Wyoming Department of Health. This report is designed to meet the statutory requirements to report to the legislature on the Substance Abuse Control Plan, the tobacco programs, and the drug courts. The Division believes the inter-relationship between all of the programs for which statutes require reports is better served by a comprehensive view of the work being accomplished.

Beginning in 2002 with the enactment of HB59, Substance Abuse Control Plan, the State of Wyoming has made a considerable investment in improving the substance abuse services delivery system. Prior to 2002, the Substance Abuse Division was severely underfunded. There were no science-based standards, nor any requirement that treatment and prevention programs be certified. Felony drug offenders were seldom assessed prior to sentencing, though plea bargains frequently allowed offenders to seek treatment. Most residential treatment programs were 28 days in duration and few used best practices. At the time, there were only two drug courts in the state and both were struggling financially with federal grants that were coming to an end.

With the passage of HB59 in 2002, the State began an important process to increase the capacity of the State to provide treatment and prevention programs and to improve the quality and accountability of those programs. The law enacted in 2002 required the Wyoming Department of Health to promulgate research based standards and to certify programs that complied. It also required that no State funds or court referrals could be made to programs not certified under those standards. The law further required that every person convicted of a felony be assessed to determine whether they needed substance abuse treatment and at what level, e.g. outpatient or residential. HB59 also appropriated nearly \$25 million from Tobacco Settlement Funds to expand treatment capacity in the communities, expand the Intensive Supervised Probation programs of the Department of Family Services (for juveniles) and Department of Corrections (for adults and drug courts). The 2002 law created a 100-bed treatment facility for the adult offenders in Casper and enhanced the ability of law enforcement to reduce the sale of alcohol to underage buyers.

In 2005, the legislature created a Select Committee on Mental Health and Substance Abuse Services. The efforts of that committee significantly accelerated the progress toward developing a mental health and substance abuse services delivery system with a full continuum of care based on providing services on a regional basis. In the 2006 budget session, the legislature enacted House Bill 91 (HB91), which appropriated \$37.1 million for mental health and substance abuse system improvements. These improvements range from a facility study at the Wyoming State Hospital, community service enhancements, the children's Medicaid waiver, regional acute psychiatric care pilot project, recruitment of psychiatrists, and mental health crisis stabilization to infrastructural improvements to allow the state to better measure outcomes of treatment. HB91 dealt primarily with the mental health system.

In 2007, the Select Committee sponsored a second major bill. Senate File 76 (SF76) continued the progress toward fulfilling a continuum of care based on regional services. The bill appropriated an additional 19.5 million dollars for mental health and substance abuse services. It

included funding for supported housing for mental health clients, training of professionals working with senior citizens, telepsychiatry equipment, early intervention for children with mental health problems, and an expansion of residential capacity for substance abuse. The bill also appropriated funds for grants to community coalitions.

While providing significant new funding for mental health and substance abuse programs, the legislature was clear about expecting improved services and outcomes. House Bill 133 (HB133) requires the Department of Health to maintain a data system allowing the Department to measure outcomes and to share information with other agency programs. HB76 permits the Department to withhold contract payments from any provider unwilling to enter into a performance-based contract.

The following is the Annual Report of the Mental Health and Substance Abuse Services Division on the state of substance abuse services in Wyoming five years after the enactment of HB59 and following the additional funding provided by HB91 and SF76. While previous reports have been limited to HB59, this one is intended to be more comprehensive and to convey to the legislature and other readers the state of the current substance abuse delivery system in broader terms.

### **Reorganization of the Department of Health, Mental Health and Substance Abuse Services Division**

In December 2006, Governor Freudenthal appointed Rodger McDaniel to head the Substance Abuse Services Division. In compliance with the recommendation of the Management Audit Committee, Mr. McDaniel was appointed as a Deputy Director of the Wyoming Department of Health (WDH). The Governor and Wyoming Department of Health Director Dr. Brent Sherard also decided the separate divisions for mental health and substance abuse should be integrated. A reorganization plan was developed and implemented in the spring of 2007.

The reorganization was accomplished in consideration of recommendations made by the Management Audit Committee in two separate program audits of the Substance Abuse Division (HB59: Substance Abuse Planning and Accountability in January 2006 and Drug Courts in July 2006). Based on those reports and other expectations, it was determined that a reorganization should serve these five goals: (1) improved accountability through performance-based contracting practices; (2) improved accountability through research and collection and analysis of appropriate data; (3) improved services through promotion of best practices and quality assurance; (4) the development of an integrated state plan for mental health and substance abuse in collaboration with other relevant state agencies; and (5) providing meaningful assistance to local community initiatives to identify and address their unique substance abuse and mental health needs.

Accordingly, the Division has been restructured to include two sections. The Community-based Treatment and Prevention Services Section is headed by Administrator Mary Flanderka. The section oversees all community treatment centers, Access to Recovery, the Prevention Framework grants, tobacco programs, and community substance abuse initiative support. The Policy and Planning Section is headed by Administrator Korin Schmidt and includes fiscal and contracting, interagency coordination, and research and data.

The Department believes this organizational structure will serve the goals of both the Executive and Legislative branches in meeting the expectations of improved services for the people of Wyoming. As an organization, the Mental Health and Substance Abuse Services Division adopted the following mission statement, which we attempt to reflect in all of our work:

The role of the Mental Health and Substance Abuse Services Division:

**Citizen Advocacy:** Our decisions will always be made looking through the eyes of Wyoming people and families who need quality mental health and substance abuse treatment, prevention, and recovery services.

**Community Empowerment:** Substance abuse and mental health are issues confronting communities, e.g. schools, the work place, neighborhoods, places where people worship, have fun, and live. Our role is to encourage and empower communities to meet the need, as they see it, in their own communities.

**Performance Contracting:** The Division is entrusted with taxpayer funds to purchase tens of millions of dollars in mental health and substance abuse services. We have a responsibility to make certain every dollar produces a good outcome for those who need the services and for those who pay for them.

**Data Collection, Research, and Analysis:** The Division will be the most respected source of data, research and information on best practices for mental health and substance abuse in Wyoming.

**Integrated Efforts and Collaboration:** We will undertake no program or initiative without including others, including the clients of the mental health and substance abuse system and their families. This work is far too important for us to go it alone.

## **2. Specific Requirements of Statute**

This report is prepared and provided to certain legislative committees in compliance with the following statutes:

W.S 9-2-2706 requires an annual report on the effectiveness of achieving the goals of the State substance abuse control plan to include detailed information on expenditures. This report is to be submitted to the Joint Labor, Health, and Social Services Committee on or before October 1 of each year.

## **3. Impact/Consequences/Outcomes**

### **Substance Abuse Control Plan:**

A thoughtful response to substance abuse problems has emerged over the last five years as a result of the partnership between all three branches of State government. Choices have been made that have set the State on the path of institutionalizing quality improvement and accountability.

The Wyoming response can be best understood if broken down into these components:

► **Improved Contracting Practices:** Assuring the process by which the State government purchases services is used to ensure compliance with best practices and provides for continuous quality improvement through a transparent data collection, analysis and reporting process.

► **Regionalization of Services:** Delivery of services through a regional system that assures all citizens of reasonable availability of the services they need.

► **Integration of Efforts:** Recognition of the role of various State agencies and the Judicial Branch in identifying and meeting the substance abuse needs of citizens using their services and encouraging coordination of efforts and use of best practices by those entities.

► **Community Empowerment:** Fundamental to an effective response to the substance abuse issue is the recognition that local communities are where this problem is experienced directly, that they have both the greatest stake in solving the problem, and the ability to do so. The role of the State should be to provide technical assistance and funding, while permitting maximum decision making and participation by local leaders.

► **Prevention and Early Intervention:** Finally, the State must recognize the role of prevention and early intervention in a way that empowers people to take responsibility for their own health and that of their family. A significant part of this requires the Department to make certain the consumers are heard and that their voices are a part of all decisions regarding service design and delivery.

#### **Improved Contracting Practices:**

How is Wyoming assuring the process by which the State government purchases services is used to ensure compliance with best practices and provides for continuous quality improvement through a transparent data collection, analysis, and reporting process?

**Answer:** The Mental Health and Substance Abuse Services Division is implementing performance-based contracting, has adopted National and Wyoming Outcome measures, has implemented the Wyoming Client Information System (WCIS) to collect outcome data, and has developed a Quality Assurance Initiative to monitor compliance.

The Division offers no direct treatment or prevention services. Instead, it is the role of the Division to purchase those services for and on behalf of Wyoming citizens. In the last biennium, the Division entered into 246 contracts for substance abuse related services, totaling more than 45 million dollars. It is the intent of the Division to use that significant “purchasing power” to improve the quality of services.

In the last six months, the Division has begun to shift from regulatory contracting to performance-based contracting. Another way to understand this is to think in terms of changing from buying services or processes to buying outcomes or results. It is a change in thinking from using contracts to tell providers what to do and how to do it, to setting forth the results the State expects out of the contractual relationship.

Formerly the contracts with substance abuse treatment centers set forth the types of services we intended to purchase, e.g. residential, outpatient, intensive outpatient, etc. The contracts said nothing about the outcomes we hoped to achieve through the purchase of those services. The performance-based contracts entered on July 1, 2007, are different. The new contracts describe the following outcomes expected from the services purchased:

- coordination of services with the departments of Corrections and Family Services;
- reduced rates of out-of-home placement of children;
- reduced recidivism among persons on probation and/or parole; and
- improved high school graduation rates.

The contracts include specific targeted populations, such as combat veterans, women with children, and persons suffering from serious mental illness, among others. Similarly, in all contracting, the Division is beginning to instill a thought process among program managers aimed at considering what result we seek to purchase in every contract.

In addition to seeking to more clearly spell out outcomes in contracts, the Division is now able to measure outcomes using data reported by treatment providers. Based on the National Outcome Measures (NOMS), the Division has adopted Wyoming Outcome Measures (WYPOMS). The WYPOMS are “real life” measurements, which provide information that demonstrates whether clients are experiencing changes in their life that allow them to live successfully as a result of treatment. Attached, as Appendix A, is a copy of the NOMS. The WYPOMS are attached as Appendices B through F. Measuring items such as education, employment, stable housing, criminal activity and sobriety give provide good indicators about whether treatment really works.

The Wyoming Client Information System is the information technology that allows us to measure these outcomes. This system was activated on July 1, 2007. Providers are required to report quarterly on outcomes as treatment plans are updated. Accordingly, beginning 28 days after the end of the first quarter of operation of WCIS (i.e. ca. October 28, 2007), the Division will begin to accumulate outcome data to share with policy makers and the public.

Finally, the Division is implementing a three phase Quality Assurance Initiative. Parts of the initiative have been in place for sometime. For example, since the enactment of HB59 in 2002, the Division has contracted with the Center for Application of Substance Abuse Technology at the University of Nevada-Reno, to certify providers for compliance with State standards. This review will continue to be Phase One of the Quality Assurance Initiative.

Under Phase Two, the CASAT site visit reports will be reviewed internally by Division Quality Assurance staff working with consumers. Each report, together with WCIS data, will be studied and the Quality Assurance Review Team will make recommendations for program improvement. Corrective action plans will be requested of providers where necessary. Phase Three will involve the gradual implementation of a citizen review process, similar to that used by the Department of Family Services (DFS) to improve child welfare practices. Using both professional and citizen reviewers, treatment provider case records will be reviewed using an instrument measuring timely access to treatment, use of best practices, and support for recovery. This process is

intended to measure community response to addiction, as opposed to focusing only on the provider.

The Division proposes to contract with the Wyoming Citizen Review Panel, the entity conducting the DFS child welfare reviews, to do this work. The Division has sufficient funds to develop the site visit instrument but will request funding for the process in its 2009-2010 budget.

#### Compliance with HB74 and HB133, Development of the Wyoming Client Information System

The Mental Health and Substance Abuse Services Division is committed to providing quality care to persons receiving substance abuse and mental health services. Improvements to our systems of care must be derived from decision making, which is supported through the use of scientific data and information. There are at least two different tracks of activity that must be maintained in order to provide quality care to persons served. The first track is through scientific research on the causes and effective treatments of addiction and mental illness. The second track is through continuing improvements in the systems of care that provides services to people in need of treatment. The Division is developing the capacity to utilize both tracks of activity through research and quality improvement initiatives.

The majority of data utilized for research and Quality Improvement (QI) activities are derived from the Division's information system which is called the Wyoming Client Information System. This technology collects and reports data that is submitted to the Division from contract providers. Over the years, the Division has worked with providers to develop local and statewide reporting capacity to answer the question: "Who receives what services from whom, at what cost, and with what effect?" Annual enhancements are made to WCIS and local provider information systems as the Division increases its capacity to identify unique clients and link the services they receive to their treatment outcomes.

HB133 is an important and timely piece of legislation that supports both research and quality improvement initiatives. This legislation supports the Division's increased capacity to collect, analyze, synthesize, and report scientific data about clients who are receiving services from our contract providers; and the outcomes of such services. This act authorizes the Department of Health to share client information within the Department and in compliance of State and Federal requirements which protect the privacy, security and confidentiality of privileged client information. HB 133 also allows the Department to use client information for research purposes.

HB133 also provides support to addressing issues identified in the January, 2006 report by the Management Audit Committee on HB59: Substance Abuse Planning and Accountability. The report recommended that the Division require the use of the same type of unique client identifier as required by other state health funded programs so that client and outcome information can be linked and compared across funded programs, such as Drug Courts and Medicaid.

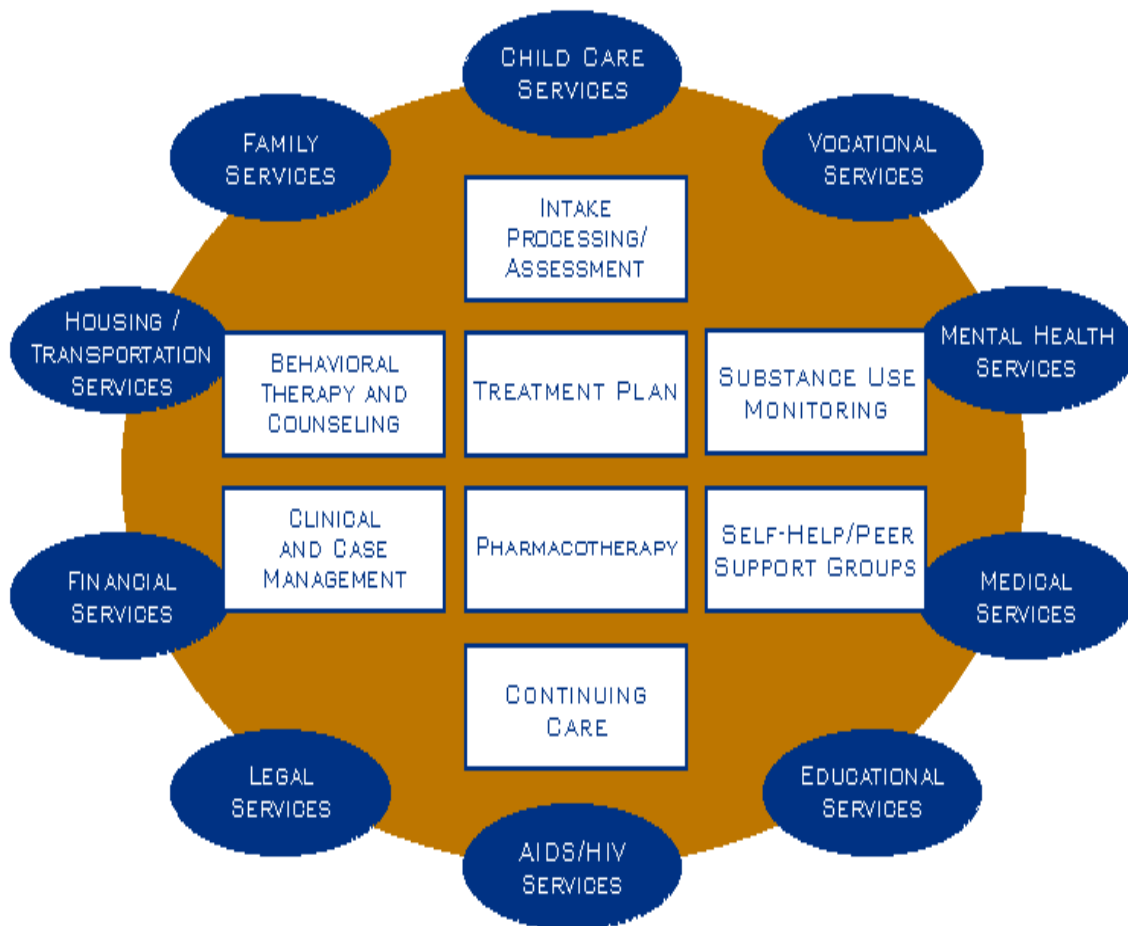
The Division has worked jointly with service providers in developing standardized data sets and unique client identifiers. Specific requirements are included in the Division's FY08 contracts with providers to include the reporting of the client's Social Security Number to the Division's WCIS. The use of this identifier will allow the Division to evaluate and monitor client services and treatment outcomes across programs and services within the Department.



### Regionalization of Services:

Current efforts to provide a range of necessary services on a regional basis are the result of careful planning over the last five years. A document entitled Reclaiming Wyoming: A Comprehensive Blueprint for Prevention, Early Intervention, and treatment of Substance Abuse was published in 2001. The Blueprint was the basis for the enactment of HB59 in 2002. The study documented the impact of historic under-funding of substance abuse services. One of those impacts was the lack of services in less populated counties and regions of the state.

Following is a diagram of what a comprehensive system of care would offer in order to maximize good outcomes from treatment:



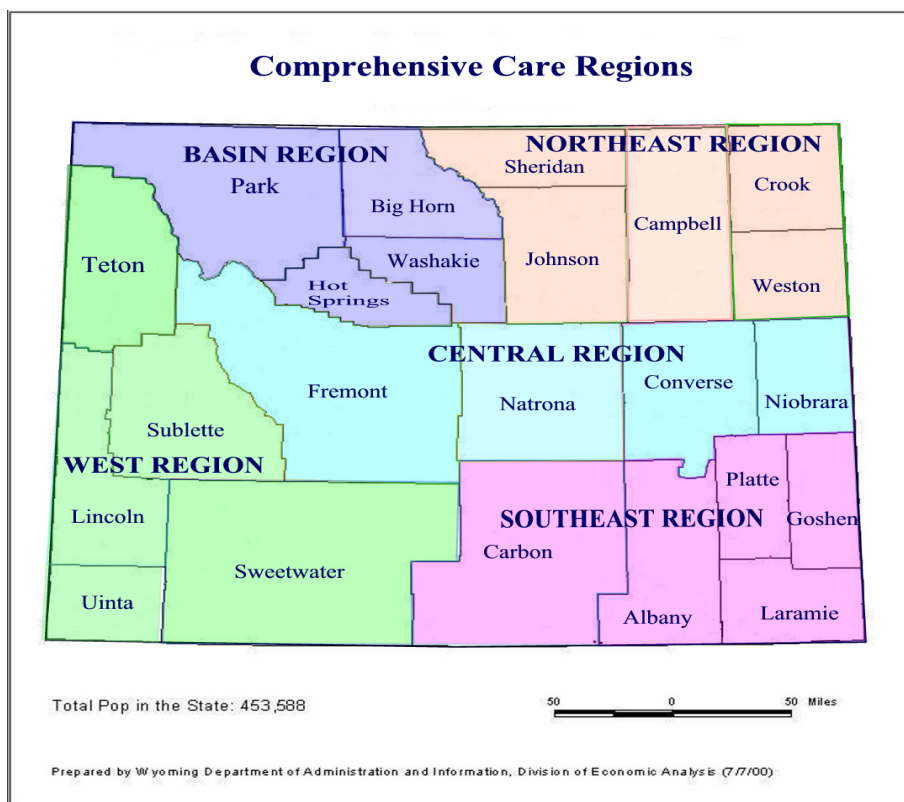
Frequently, when treatment fails it is because the client was not matched correctly with the level of care needed, e.g. a person needing residential care was placed instead in outpatient program because there were no residential beds available. Another factor contributing to poor treatment outcomes is the failure of a system to provide the array of services the client needs.

Clearly, Wyoming cannot afford to offer all the services necessary in every community or even in every county. The Blueprint proposed a tiered delivery system in which certain counties would be able to offer the full continuum of care from detox and residential beds through intensive outpatient, outpatient, and continuing care. These services would have been provided in the larger communities. A second tier of counties, those in the mid-population range would

provide everything except expensive residential care. A third tier of the smallest counties would have provided little more than outpatient treatment.

The Select Committee on Mental Health and Substance Abuse Services determined that a regional system of service delivery would be preferable. As a result of their work and the enactment of HB91 in 2006 and SF76 in 2007, the Division is following their direction to implement regional systems of care. The goal is to evolve into a statewide system where all necessary services for mental health and substance abuse would be available to citizens throughout the state in the region within which they live and work.

For that purpose, the decision was made to divide the state into five service regions as depicted on this map:



Counties were placed in regions based on natural patterns of commerce and travel and not based on population.

The mental health and substance abuse service system is well on its way in implementing regionalization. During fiscal year 2007 community mental health centers (CMHCs) were required to come together within each region and develop a unified regional plan for psychiatric services (called medication management services), utilizing funding appropriated in HB91. The number of services considered “regional” increased under SF76, and this spring, free-standing substance abuse centers (SACs) were integrated as partners into the regional planning and service implementation process within each region. One plan is required from each region that is signed by the chairs of the governing boards and demonstrates the involvement of each CMHC and SAC within the region. Plans also must show consumer involvement and collaboration with

applicable agencies and service systems. Contracts were established with a “lead agency” within each region that acts as the fiduciary agent and the conduit for information and data collection for regional services. Barring unforeseen difficulties, most regional services will be operational by October 1, 2007. Some substance abuse residential services will be implemented incrementally during the fiscal year.

One promising aspect of regionalization is the potential for development of regional acute inpatient and crisis stabilization services. A pilot project was funded through HB91 that enabled the MHSASD to purchase a continuum of acute inpatient, crisis stabilization, and social detoxification services within one region. This pilot will demonstrate the continuum will provide needed crisis services and impact admissions into the Wyoming State Hospital. The pilot project was awarded to the Southeast Region and services were initiated in May, 2007. While it is too soon to predict that these services will achieve the desired outcome, preliminary feedback indicates that the services, particularly crisis stabilization and social detoxification services are highly utilized and successful at preventing admissions into a higher level of care.

Although we have initiated the process of regionalization, it is too early to say we are finished with its development or that it is totally successful within each region. Quality improvements, analysis of outcome data, and continued work with providers are required to examine regional practices and identify areas of weakness. The MHSASD is committed, however, to the concept of regionalization. We believe regionalization is the best mechanism through which to provide quality and comprehensive services that are comparable statewide.

Attached as Appendix C is a summary of the status of actions undertaken by the Division to implement SF76.

#### **Integration of Efforts:**

What progress is being made toward developing an integrated plan among the State agencies? How are the courts being involved? The Management Audit Committee report on HB59 criticized the Executive Branch for its failure to establish an integrated plan for substance abuse. One of the main goals of the reorganization of the Division was to meet this requirement. Using existing positions, the Division created two positions with specific assignments to accomplish this goal, i.e. an Inter-Agency Coordinator and a Special Projects Coordinator.

The Division joined the Governor’s Office and legislative leaders in applying to receive special training sponsored by the National Conference of State Legislatures (NCSL) on joint Legislative-Executive Branch efforts around substance abuse. This NCSL Academy included a two-day training in Chicago in September and included additional technical assistance designed to create common ground between Legislative and Executive Branch policy makers on the science of addiction.

The Executive Branch agencies have been working with Human Capital Management Services and Dr. Hank Gardner for four years to create an integrated database to better understand citizen use of State-funded human services. With the implementation of WCIS and new provider contracts, the outcome and service data for state-funded substance abuse services can now be added to this database. This will provide state agencies the ability to better integrate its work with common clients.

On September 12, 2007, the Directors of the departments of Health, Family Services, Corrections, Workforce Services, Employment, Transportation, Environmental Quality, Revenue, the Public Defender's Office, and the Military Department met with the Division Administrators and the Governor to form a working group to develop specific plans to integrate and share data, to assess outcomes and use of best practices, to coordinate in developing performance-based contracts, and to collaborate in legislative agenda and budget requests related to substance abuse.

There are several other examples of effective inter-agency work already in progress. In addition to the efforts described above, the departments of Corrections, Family Services, and Health have combined to create a demonstration project aimed at measuring the impact of providing early, wraparound services for mothers whose children are at risk of removal because of parental Methamphetamine (Meth) use. Called Most Valuable Parents (MVP), this inter-agency project is intended to provide intensive services to parents in order to reduce out-of-home placements and revocation of probation, keeping children safely with mothers while they receive treatment.

The Department of Family Services and the Mental Health and Substance Abuse Division of the Department of Health are collaborating with District and Juvenile Court Judge Ed Grant to contract with a case management officer to whom the court may refer child welfare cases. The case manager will act much like a drug court judge in regularly reviewing the progress of the parent, child and agency in compliance with the treatment plan. It is expected such monitoring of cases will reduce the length of time children are placed outside the home and improve treatment outcomes for addicted parents.

Another example of inter-agency planning and collaboration is a project involving the Public Defender's Office and the Division. Designed around research that documents the importance of taking advantage of crisis to motivate successful treatment, this demonstration project is intended to measure the efficacy of providing on-site treatment and case management in the Public Defender's Office. Criminal clients often wait three to four months from the time charges are filed until a disposition of their case. This project will use that time to start the addicted offender in treatment and to motivate him or her to continue.

It is intended that this will be the first phase of a larger demonstration project entitled "No Wrong Door." As it develops, the Division expects to enter similar arrangements providing on-site treatment and case management services in local offices of DFS, DOC, DWS, public health clinics, and other similar sites. Using best practices, such as brief screenings and early intervention, these projects will provide policy makers with useful data on the efficacy of providing timely services in the places where citizens receive other services meaningful to their lives.

It is noteworthy that the Drug Court Steering Committee, created following a Management Audit Committee report on drug courts, has concluded that there is a high degree of collaboration among Executive Branch agencies on the improvement of the Drug Court Program. The State Drug Court Panel includes representatives of the departments of Health, Family Services, Corrections, the Attorney General's Office, and the Governor's Advisory Board on Substance Abuse and Violent Crime. Acting together, this group reviews drug court grants and practices.

The departments of Health, Education, Family Services, Workforce Services, and Corrections conducted a study of children of incarcerated persons and a study of offenders who re-enter the community. The study was to identify issues related to children of incarcerated parents and develop recommendations based on the outcomes. A copy of the report and recommendations are available upon request.

The departments of Health, Education, Family Services, Workforce Services, and Corrections jointly conducted a study of offenders who re-enter the community. The study was to consider integrating services to provide educational, employment, substance abuse, mental health, medical, housing and other services for purposes of assisting in the reentry of incarcerated persons into the community.

The Department obtained a federal grant to help pilot improved coordination and integrated services for serious and violent offenders re-entering the community. The collaboration led to the addition of four Department positions dedicated to re-entry coordination. Re-entry staff is currently developing statewide standards to improve success and integrated key services that research has shown to improve the likelihood of success, such as education, employment, substance abuse, mental health, medical, and housing.

The Department of Education is working on a systems approach focusing on units in the Department, local school districts and communities, and with the departments of Health and Family Services. The research on helping at-risk children and families indicates that no single system can solve these problems working in isolation. The Department of Education and the other State agencies are committed to helping all students to be successful in a school, community, and family setting. These partnerships must be present at all levels in order to achieve traction regarding helping children and families.

The Division has the opportunity to work in partnership with the Department of Education to provide technical assistance that is delivered systematically to the communities involved in the SPF-SIG grant program. The Department of Education and the Division are working together to deliver prevention information to communities through the Prevention Education Resource Center (PERC). The PERC is an electronic portal that used to push out resources and information to SPF-SIG community partnerships. This portal can also be used to encourage SPF-SIG communities to communicate and share ideas and strategies.

This work would also be in concert with development/school-community partnerships in an effort called the Wyoming Healthy Student Success Model (WHSSM). WHSSM is a coordinated school health systems development effort that models systemization of learning supports for students in school districts. This system also includes local community and state level partners, as many of the supports students and families need comes from outside of the school.

Finally, a discussion of agency collaboration should include a review of the Addicted Offenders Accountability Act (AOAA). The AOAA was enacted as a critical component of HB59. The program was originally managed by the Wyoming Department of Health. In 2005, in an effort to improve the working relationship between AOAA and the correctional and judicial systems, management of AOAA was transferred to the Department of Corrections.

While the move has helped strengthen program integrity and structure, challenges continue. The program has experienced high turnover, of both the Coordinator and the Assessors, hampering efforts to provide adequate support for AOAA. The ability to promote and fine-tune the program has also been affected. To address this, the Department reclassified the Coordinator position to help recruit a higher caliber candidate with the necessary clinical and administrative skills. The Department also requested State positions for the six funded AWEC AOAA Assessor positions. While the budget request was not approved, the legislature is studying the issue. Offenders are to reimburse the State for the cost of the assessments. To date, \$82,620.60 has been collected.

A Request for Proposals (RFP) to provide assessments will be issued to all certified providers who serve the criminal justice population. The intent of the RFP is to explore the coordination of assessments with community providers. Efficient and timely assessments and improvement of access to treatment are priority program goals. The Department continues to use and rely on the TRI/DENS statewide database. The Department supports the continued use of this, or a similar, database to gather statewide information.

### Financial

#### 07-08 AOAA expenditure budget as created

| Series       | Amount             | Purpose   |  |  |  |  |
|--------------|--------------------|---|--|--|--|--|
| 100          | \$130,219          | Salary and Benefits Program Coordinator         |  |  |  |  |
| 0221         | \$18,400           | Travel  |  |  |  |  |
| 0420         | \$20,160           | data networking services and telecommunications |  |  |  |  |
| 0520         | \$52,500           | space rental                                    |  |  |  |  |
| 0901         | \$895,328          | 6 AWEC assessor positions and WYSAC services    |  |  |  |  |
| <b>TOTAL</b> | <b>\$1,116,607</b> |   |  |  |  |  |

### WYSAC report findings

Recently, the Wyoming Survey and Analysis Center (WYSAC) submitted a report entitled “The Wyoming Addicted Offender Accountability Act: The Candidates, Substance Abuse Assessment, and Treatment Recommendations from 2003 to 2006.” Key findings from that report include:

- Seventy-four percent (74%) of offenders assessed during 2003-2006 were found to have substance abuse problems.
- Seventy percent (70%) of respondents found to have substance abuse problems were judged to have as their major problem.
  - alcohol and one or more other drugs,

- more than one drug but no alcohol, or
  - amphetamines.
- Forty-four percent (44%) of offenders are rated by assessors to be in need of drug treatment for a considerable or extreme problem.
  - The drug most often identified as the major problem for offenders was amphetamines (13%).
  - About one-third of all offenders reported that drug charges were the reason for their last period of incarceration and 35% of offenders are currently awaiting sentencing for drug charges. Nearly 70% reported two or more prior convictions.

Numbers of offenders referred and assessed per calendar year (YTD is 3-22-07)

|             |             |             |             |                  |                        |
|-------------|-------------|-------------|-------------|------------------|------------------------|
| <u>2003</u> | <u>2004</u> | <u>2005</u> | <u>2006</u> | <u>2007(YTD)</u> | <u>2007(Projected)</u> |
| 203         | 1117        | 1283        | 1357        | 379              | 1825                   |

2006 Number of Offenders with Substance Abuse Treatment Recommendations (stated in terms levels of care as defined by the American Society of Addictive Medicine Patient Placement Criteria), per Judicial District (assessments performed for the pre-sentence report)

| Judicial District Number (counties)       | Level .5<br>Early Intervention | Level I<br>Outpatient | Level II<br>Intensive<br>Outpatient | Level III<br>Residential |
|---|--------------------------------|-----------------------|-------------------------------------|--------------------------|
| 1 (Laramie)                               | 15                             | 56                    | 43                                  | 37                       |
| 2 (Albany, Carbon)                        | 19                             | 39                    | 27                                  | 25                       |
| 3 (Sweetwater, Uinta, Lincoln)            | 7                              | 15                    | 48                                  | 32                       |
| 4 (Sheridan, Johnson)                     | 1                              | 8                     | 7                                   | 20                       |
| 5 (Park, Washakie, Big Horn, Hot Springs) | 0                              | 4                     | 33                                  | 52                       |
| 6 (Campbell, Weston, Crook)               | 4                              | 12                    | 36                                  | 54                       |
| 7 (Natrona)                               | 5                              | 13                    | 28                                  | 25                       |
| 8 (Platte, Niobrara, Converse, Goshen)    | 5                              | 13                    | 28                                  | 25                       |
| 9 (Fremont, Sublette, Teton)              | 0                              | 3                     | 14                                  | 42                       |

Explanation of "Levels" categories:

- .5 Early Education; considered more of a class rather than treatment
- I Outpatient; (less than 9 hours per week)
- II Intensive Outpatient (9 or more hours per week but less than 20), and partial hospitalization (20 or more hours per week but clients usually do not stay on premises)
- III Residential; (24 hour residential setting, includes varying degrees of medical services)

With the addition of the Inter-Agency Coordinator to the management staff of the Mental Health and Substance Abuse Services Division, it is expected that the collaboration will be improved and the goal of establishing an integrated substance abuse effort will be accomplished in the coming year.

### **Community Empowerment:**

What is being done to assist community-based leadership to meet their substance abuse needs? This, too, was a major consideration in the reorganization of the Division. The reorganization provided the Division with a section devoted to community treatment and prevention programs. Prior to the reorganization, the Division itself role-modeled fragmentation. Not only was mental health separated from substance abuse but Meth was fragmented from alcohol within the Substance Abuse Division. Tobacco prevention was separate and treatment and prevention programs were divided.

The philosophy of the Division is that our most significant role is to empower communities. We believe communities have more at stake in reducing the negative impacts of substance abuse than any State agency. We have undertaken efforts to assure integration of funding streams as a way of empowering communities, while encouraging local leaders to emerge and to work together to identify needs and to implement best practices as a part of effective strategies to solve their own problems.

The Prevention Framework Grant and the Community Initiative Grant are central to the community empowerment work and were made available by the legislature in SF76. The State of Wyoming was awarded the Strategic Prevention Framework - State Incentive Grant (SPF-SIG) on September 30, 2004. Its express purpose is to build the capacity of the State, Tribes, and communities to decrease substance use and abuse, promote mental health, reduce disability and co-morbidity, and relapse related to mental and substance use conditions.

The amount of the award was \$2.35 million, of which \$1,998,320.00 (85%) per year is to be distributed to Wyoming communities (counties) to assist prevention efforts to reduce the misuse of alcohol. The primary targets for prevention efforts are underage drinking and adult binge drinking. Underage drinking refers to use of alcohol by anyone under the age of 21 years, while adult binge drinking refers to those 18 years and older who have five or more drinks on any one occasion. The secondary target for prevention efforts concerns the most significant consequences of the misuse of alcohol in Wyoming, i.e., alcohol dependence and abuse, alcohol-related motor vehicle crashes, and alcohol-related crime.

The breakdown for the counties is:

- Albany, Campbell, Laramie, Natrona, and Sweetwater receiving \$121,415 each
- Big Horn, Carbon, Converse, Fremont, Goshen, Lincoln, Park, Sheridan, Teton, Uinta receiving \$73,958 each
- Crook, Hot Springs, Johnson, Niobrara, Platte, Sublette, Washakie, Weston, and the Wind River Reservation receiving \$72,407 each

Under the federal grant, funds are used in the first year to assess needs, accumulate data, build local capacity, and to develop a strategic plan. This phase was completed in the fall of 2007.

The Division used this opportunity to provide an incentive for local collaboration among the Prevention Framework leaders and on-going community meth initiatives. The Division has made SF76 community grants available to every county based on their willingness to collaborate with similar community groups in the development of the research-based strategies that are identified



in the capacity building stage of the SPF-SIG. The Division has also interwoven other federal grants, such as the Enforcing Underage Drinking Laws (EUDL) grant. The Division intends to also add Federal Prevention Block Grant funding to these in a combined funding stream. Grants to communities will be made beginning October 2007. It is noteworthy that the \$768,000 appropriated for this purpose in SF76 was augmented by the Department of Corrections, which contributed another \$250,000 so that grants could total a million dollars in the first year.

### **Prevention and Early Intervention:**

With the significant financial investment made by the State in treatment, the Division is now focusing on early intervention and prevention. Prevention efforts are outlined above. In addition, the Division is working to implement an early screening intervention called Substance Abuse Early Intervention, Referral and Treatment (SBIRT). SBIRT is a best practice validated in research supported by the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

The Division is working with other State agencies to implement SBIRT as a part of the “No Wrong Door” initiative. Data show that the use of a brief four to six question screening instrument to determine whether there are red flags in a person’s consumption of alcohol or drugs, affords an opportunity to educate the person about the health threat such use poses. Research has demonstrated that by simply conducting the screening and providing the person with education, drug and alcohol use may decline.

The Division is seeking a SAMHSA grant to conduct a demonstration project in the state and will ask the legislature to include State General Funds for the project in the upcoming budget.

### **Intervention: Intensive Supervision Program and Treatment Services for Juveniles**

Under the Substance Abuse Control Plan, the Wyoming Department of Family Services (DFS) expanded the Intensive Supervised Program (ISP) for juvenile offenders. The ISP supports 20 officers and ten support staff. The ISP officers serve as youth probation officers working in teams of two probation officers to conduct the intensive supervision of the juvenile offenders. The average caseload for these ISP officers is approximately ten. DFS continues to review the staffing patterns and ISP placement within the state due to challenges of attrition and actual need in the region for ISP services.

DFS attempts to increase community-based treatment services available across Wyoming. Many contracts for these services have been developed as a result of the State Request for Proposal process. Each region contracts with private providers for services to ISP youth and families to include comprehensive substance abuse and/or psychological assessments, screening or evaluations, intensive outpatient treatment, treatment planning, referral services, home-based family interventions, intensive home-based services and therapeutic group sessions, community service coordination, mentoring services, DFS tracked increased levels of assessment, and treatment opportunities in communities for ISP youth and their families made possible through the funds received by DFS from the Substance Abuse Control Plan. The Juvenile Services Division of DFS has tracked out-of-home placements since the inception of the ISP. The out-of-home placement rates have decreased as more comprehensive supervision program efforts are implemented.

From July 1, 2006 to June 30, 2007, 216 youth were served on the ISP. Of the youth served by the program during this time, 80% successfully completed the program or have been successful on ISP in the community. Of the 216 high-risk youth, 78% received treatment services in the community, developed through the ISP. Youth also received services through other providers. Ninety-one percent of the youth graduated from high school, obtained a G.E.D., or remained in school. There were 3,215 urinalysis tests administered to this population, with only 7.2% returning positive for substances.

DFS continues to expand its re-entry services for ISP clients through the Serious and Violent Offender Re-Entry Initiative (SVORI) grant and funds allocated by the legislature. This initiative was created in response to the high number of juveniles being court ordered to out-of-home placement. DFS developed and contracted for programs, which serve juveniles considered to be at high risk for recidivism. The programs provide the necessary guidance to better ensure a more stable transition back into the community to those juveniles returning from out-of-home placement. This work has been done by the Re-entry/Aftercare Case Managers and contract providers with the close cooperation of the respective ISP officers.

#### **4. Statistical Information**

The Division's data plan includes the ability to measure treatment outcomes, as well as indicators of whether Wyoming is improving in its efforts to reduce the harmful community impacts of substance abuse and addiction.

In July 2007, the Division began receiving individual client reports from all publicly funded treatment providers on client outcomes measured through the Wyoming Performance Outcome Measures (WYPOMS). These measures mirror the National Outcome Measures (NOMS) and allow us to compare treatment results between Wyoming providers and those achieved in other states.

Beginning in October 2007, the Division will report outcomes of treatment across the State. As that data accumulates and as we learn more about what is effective for clients, it will form the basis for policy and contracting decisions.

During the summer of 2007, the research and data section of the Mental Health and Substance Abuse Services Division began working with stakeholders across the state to develop the means of measuring progress in our combined efforts to reduce substance abuse in Wyoming. All agreed the ability to determine success would be served by agreeing on a common set of data indicators that could be updated at least once annually. The work group agreed to use the following data sets as a common measurement of progress:

- Treatment/assessment drug of choice (primary, secondary, tertiary) – to determine what the trends are across counties to help decide what strategies need to be used to curb trends
- County of residence
- Level of treatment needed (inpatient, outpatient, residential)
- Criminal justice (Uniform Crime Report) on arrests (juvenile/adult)
- DUI arrests (juvenile/adult)
- DUI blood alcohol levels
- Healthcare as indicated by numbers of child health referrals

- Mothers with health department contacts
- Emergency room visits due to drug/alcohol use
- Communicable diseases associated with drug use, e.g. sexually transmitted diseases and hepatitis B/C
- Drug testing/workforce (% of positives for pre-employment tests and random tests. Type of drug, percentage of companies who are testing versus those who are not, and the percentage of employees subjected to drug testing)
- Number and percentage of fatalities/accidents related to substance issues
- Number of foster care placements
- Schools data tracking in and out-of-school suspensions and expulsions, and alternatives to suspension
- Drop-out rates
- Prevention needs assessment for grade/county-level data on substances

The Division has begun to gather this data and expects to issue its first quarterly report on Wyoming substance abuse trends before the end of 2007. Graphs and charts, attached as Appendices A through L are intended to give the reader a quick view of the progress that has been made in recent years, as state and local governments and communities have given more attention to the challenges of substance abuse. It is clear that Wyoming is making progress as a result of the additional funding appropriated by the legislature and the efforts of citizens who want to make a difference. The following figures paint an interesting picture with regard to the present movement of substance use in Wyoming. While some substances show some consistency in use over the past five years, others show a definite decline.

## **5. Recommendations**

A. The State should continue to pursue the implementation of a regional service system. As it does, outcome data should be monitored to assist in decision making. Regional services should involve administrative consolidations in order to reduce the costs of services.

B. The State should give added attention to prevention and early intervention programs. The majority of funding for these efforts now comes from federal grants. The State should consider using tobacco and alcohol taxes to provide an appropriate and sustained funding stream for prevention. The Division is aggressively pursuing early screening and education programs as a means of providing effective early intervention.

C. Strategies that broaden the responsibility for substance abuse treatment, early intervention and prevention are required. Strategies for screening, prevention and treatment should be integrated into the mainstream of primary healthcare and social services.

D. The State should pursue a strategy of empowering local community leadership in the effort to reduce the problems arising from substance abuse.

E. Wyoming is making steady progress, as reflected in the attached graphs. While the challenges of alcohol and meth abuse remain serious, there has been noteworthy success. Unlike many states, Wyoming has the political and judicial leadership and the community support to meet the challenges. We continue to pursue well-considered plans and strategies.

## **6. Summation and Conclusions**

Wyoming is making steady progress in reducing substance abuse. Over the last five years, a partnership between the three branches of government has improved the quality of programs, established research-based standards for prevention and treatment programs, created a drug court program that is a national model, and empowered community leaders to be involved. The significant commitment the State has made to funding successful programs has been joined with strong accountability messages. There is every reason to be optimistic that Wyoming will be a national leader these great challenges.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.

## 7. Appendices

### A: Substance Abuse and Mental Health Services Administration National Outcome Measures (NOMS)

Substance Abuse and Mental Health Services Administration  
National Outcome Measures (NOMS)

| DOMAIN                          | OUTCOME   | MEASURES   |  |   |
|---------------------------------|---|--|--|---|
|                                 |   | Treatment  |  | Prevention  |
|                                 |   | Mental Health  | Substance Abuse  | Substance Abuse   |
| Abstinence                      | Abstinence from Drug/Alcohol Use                                  | NOT APPLICABLE   | Reduction in/no change in frequency of use at date of last service compared to date of first service ▶                       | 30-day substance use (non-use/reduction in use) ▶<br>Perceived risk of use ▶<br>Age at first use ▶<br>Perception of disapproval |
|                                 | Decreased Mental Illness Symptomatology                           | Under Development  | NOT APPLICABLE   | NOT APPLICABLE  |
| Employment/Education            | Increased/Retained Employment or Return to/Stay in School         | Profile of adult clients by employment status and of children by increased school attendance ▶               | Increase in/no change in number of employed or in school at date of last service compared to first service ▶                 | ATOD suspensions and expulsions; workplace AOD use and perception of workplace policy   |
| Crime and Criminal Justice      | Decreased Criminal Justice Involvement                            | Profile of client involvement in criminal and juvenile justice systems                                       | Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service ▶             | Drug-related crime; alcohol-related car crashes and injuries  |
| Stability in Housing            | Increased Stability in Housing                                    | Profile of client's change in living situation (including homeless status) ▶                                 | Increase in/no change in number of clients in stable housing situation from date of first service to date of last service ▶  | NOT APPLICABLE  |
| Access/Capacity                 | Increased Access to Services (Service Capacity)                   | Number of persons served by age, gender, race and ethnicity ▶  | Unduplicated count of persons served; penetration rate - numbers served compared to those in need ▶                          | Number of persons served by age, gender, race and ethnicity   |
| Retention                       | Increased Retention in Treatment - Substance Abuse                | NOT APPLICABLE   | Length of stay from date of first service to date of last service ▶<br>Unduplicated count of persons served ▶                | Total number of evidence-based programs and strategies  |
|                                 | Reduced Utilization of Psychiatric Inpatient Beds - Mental Health | Decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days ▶                   | NOT APPLICABLE   | NOT APPLICABLE  |
| Social Connectedness            | Increased Social Supports/Social Connectedness <sup>2/</sup>      | Under Development  | Under Development  | Under Development   |
| Perception of Care              | Client Perception of Care <sup>1/</sup>                           | Clients reporting positively about outcomes ▶  | Under Development  | NOT APPLICABLE  |
| Cost Effectiveness              | Cost Effectiveness (Average Cost) <sup>1/</sup>                   | Number of persons receiving evidence-based services/number of evidence-based practices provided by the State | Number of States providing substance abuse treatment services within approved cost per person bands by the type of treatment | Increase services provided within cost bands within universal, selective, and indicated programs                                |
| Use of Evidence-Based Practices | Use of Evidence-Based Practices <sup>1/</sup>                     |  | Under Development  | Total number of evidence-based programs and strategies  |

Note: Prevention measures pending stakeholder approval.

<sup>1/</sup> Required by 2003 OMB PART Review.

<sup>2/</sup> For ATR, "Social Support of Recovery" is measured by client participation in voluntary recovery or self-help groups, as well as interaction with family and/or friends supportive of recovery.

**Wyoming Performance Outcome Measures**  
**Mental Health Survey for Youth (Ages 12-17 years)**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by answering these questions. Thank you for your help.

**Length of Services**

**1. Approximately, how long have you been receiving services here?**

- ☐ Less than one month. ☐ 1-2 months ☐ 3-5 months ☐ 6 months to 1 year ☐ More than 1 year

**Living Situation**

**2. What is your current living situation? (Please check one.)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> With One or Both Parents   | <input type="checkbox"/> Group Home                                    | <input type="checkbox"/> Institutional Setting |
| <input type="checkbox"/> With Another Family Member | <input type="checkbox"/> Residential Treatment Center                  | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Foster Home                | <input type="checkbox"/> Jail/ Detention Center/ Correctional Facility |  |
| <input type="checkbox"/> Therapeutic Foster Home    | <input type="checkbox"/> Homeless / Runaway                            |  |

**Hospital Services**

**3. Have you been in the hospital for mental health and/or substance abuse problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**4. Have you been treated in the Emergency Room for substance abuse and/or mental health problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**Education:**

**5. Have you attended school at any time in the PAST 3 MONTHS?**

☐ **YES**, I have attended school in the past 3 months.

**5a. I am currently in (indicate grade level):** \_\_\_\_\_

**5b. How many days of school did you miss in the last MONTH?**

- ☐ Not absent ☐ 1-2 days ☐ 3-4 days ☐ More than 4 days ☐ Don't remember

**5c. Have you been suspended in the PAST 3 MONTHS?**

- ☐ Yes (indicate number of days): ☐ 1-2 days ☐ 3-4 days ☐ More than 4 days  
☐ No, not suspended ☐ Don't remember

☐ **NO**, I have not attended school in the past 3 months.

**5d. The highest grade I completed was (indicate grade level):** \_\_\_\_\_

**5e. Why were you not in school? (Please check all that apply.)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Working                 | <input type="checkbox"/> Graduated/ GED | <input type="checkbox"/> Vacation/ Summer |
| <input type="checkbox"/> Medical/Health Problems | <input type="checkbox"/> Dropped Out    | <input type="checkbox"/> Expelled         |

**Substance Use**

6. Has your use of drugs and/or alcohol created problems in your life (problems with your job, family, school, etc.) in the **PAST 3 MONTHS?** ☐ Yes ☐ No

**Legal Status**

7. How many times were you arrested in the **PAST 3 MONTHS?**

☐ No Arrests ☐ 1 Arrest ☐ 2 Arrests ☐ 3 Arrests ☐ 4 or More Arrests

8. How many days were you in a correctional facility/ jail/ juvenile detention in the **PAST 3 MONTHS?**

☐ Not in Jail ☐ 1-6 Days ☐ 1-2 Weeks ☐ 3-4 Weeks ☐ 1-2 Months ☐ 3 Months or More

9. Have you received services for at least 2 months?

☐ Yes

☐ No – **STOP HERE!**

*Please answer question 10, below.*

***DO NOT answer question 10.** Please provide any comments in “Client Comments” section below.*

**Social Connectedness and Perception of Services**

10. As a direct result of services I received from this center: (Please check all that apply.)

☐ I do better in social situations.

☐ My symptoms are not bothering me as much.

☐ I get along better with my family.

☐ I am better able to cope when things go wrong.

☐ I am satisfied with my life right now.

☐ I am better at handling daily life.

☐ I do better in school and/or work.

\* \* \*

☐ My housing situation has improved.

☐ I am **NOT** doing well now.

**Youth Comments:**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**For Official Use Only**

**Client ID:** \_\_\_\_\_ **Current GAF Score:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_

**Purpose of Evaluation:**

☐ Admission ☐ Update ☐ Discharge ☐ Client left services/ Information not available ☐ Client Refused

MH

**Wyoming Performance Outcome Measures**  
**Mental Health Survey for Adults (18 Years and Older)**

ADULT

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by answering these questions. Thank you for your help.

**Length of Services**

**1. Approximately, how long have you been receiving services here?**

- ☐ Less than one month. ☐ 1-2 months ☐ 3-5 months ☐ 6 months to 1 year ☐ More than 1 year

**Living Situation** (Please check one.)

**2. What is your current living situation?**

- ☐ House, Apartment, or Trailer ☐ Residential Treatment ☐ Jail/ Correctional Facility  
☐ Group Home ☐ Nursing Home ☐ Homeless / Runaway  
☐ Supported Housing ☐ Institutional Setting ☐ Other \_\_\_\_\_

**Hospital Services**

**3. Have you been in the hospital for mental health and/or substance abuse problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**4. Have you been treated in the Emergency Room for substance abuse and/or mental health problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**Education:**

**5. What is the highest grade you have completed?**

- ☐ No school ☐ Graduated high school/ GED ☐ Post graduate degree  
☐ Grade school (Grades 1-8) ☐ Some college/ technical education  
☐ Some high school (Grades 9-12) ☐ College degree

**6. Have you attended school, college or trade school training at any time in the PAST 3 MONTHS?**

- ☐ Yes, I have attended school/college in the past 3 months.  
☐ Yes, I have attended job training or technical education in the past 3 months.  
☐ No, I have not attended school in the past 3 months.

**7. Have you received any of the following in the PAST 3 MONTHS? (Please check all that apply.)**

- ☐ High school diploma/GED ☐ Training Certificate ☐ College Degree ☐ Not Applicable

**Employment**

**8. Are you currently employed?**

- ☐ Part-Time: Less than 30 hours per week ☐ Seasonal Worker, currently not working  
☐ Full-Time: More than 30 hours per week ☐ Not in Labor Force (please specify below)

**If NOT IN LABOR FORCE, please specify:**

- ☐ Homemaker ☐ Institution/ Controlled Environment  
☐ Student ☐ Unemployed  
☐ Retired ☐ Other  
☐ Disabled ☐ Not applicable



**Substance Use**

9. Has your use of drugs and/or alcohol created problems in your life (problems with your job, family, school, etc.) in the **PAST 3 MONTHS**? ☐ Yes ☐ No

**Legal Status**

10. How many times were you arrested in the **PAST 3 MONTHS**?

☐ No Arrests ☐ 1 Arrest ☐ 2 Arrests ☐ 3 Arrests ☐ 4 or More Arrests

11. How many days were you in a correctional facility/ jail/ juvenile detention in the **PAST 3 MONTHS**?

☐ Not in Jail ☐ 1-6 Days ☐ 1-2 Weeks ☐ 3-4 Weeks ☐ 1-2 Months ☐ 3 Months or More

12. Have you received services for at least 2 months?

☐ Yes

☐ No – **STOP HERE!**

*Please answer question 13, below.*

***DO NOT** answer question 13. Please provide any comments in “Client Comments” section below.*

**Social Connectedness and Perception of Services**

13. As a direct result of services I received from this center: (Please check all that apply.)

☐ I do better in social situations.

☐ My symptoms are not bothering me as much.

☐ I get along better with my family.

☐ I am better able to cope when things go wrong.

☐ I am satisfied with my life right now.

☐ I am better at handling daily life.

☐ I do better in school and/or work.

\* \* \*

☐ My housing situation has improved.

☐ I am **NOT** doing well now.

**Client Comments:**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**For Official Use Only**

**Client ID:** \_\_\_\_\_ **Current GAF Score:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_

**Purpose of Evaluation:**

☐ Admission ☐ Update ☐ Discharge ☐ Client left services/ Information not available ☐ Client Refused

MH

**Wyoming Performance Outcome Measures**  
**Mental Health Survey for Families (With Children Ages 0-11 years)**

FAMILY

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by answering these questions. Thank you for your help.

**Length of Services**

**1. Approximately, how long has your child been receiving services here?**

☐ Less than one month. ☐ 1-2 months ☐ 3-5 months ☐ 6 months to 1 year ☐ More than 1 year

**Living Situation**

**2. What is your child's current living situation? (Please check one.)**

☐ With One or Both Parents ☐ Group Home ☐ Institutional Setting  
☐ With Another Family Member ☐ Residential Treatment Center ☐ Other \_\_\_\_\_  
☐ Foster Home ☐ Jail/ Detention Center/ Correctional Facility  
☐ Therapeutic Foster Home ☐ Homeless / Runaway

**Hospital Services**

**3. Has your child been in the hospital for mental health and/or substance abuse problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**4. Has your child been treated in the Emergency Room for substance abuse and/or mental health problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**Education:**

**5. Has your child attended school at any time in the PAST 3 MONTHS?**

☐ **YES**, my child has attended school in the past 3 months.

**5a. He/she is currently in (indicate grade level):** \_\_\_\_\_

**5b. How many days of school did your child miss in the last MONTH?**

☐ Not absent ☐ 1-2 days ☐ 3-4 days ☐ More than 4 days ☐ Don't remember

**5c. Has your child been suspended in the PAST 3 MONTHS?**

☐ Yes (indicate number of days): ☐ 1-2 days ☐ 3-4 days ☐ More than 4 days

☐ No, not suspended ☐ Don't remember

☐ **NO**, my child has not attended school in the past 3 months.

**5d. The highest grade he/she completed was (indicate grade level):** \_\_\_\_\_

**5e. Why was your child not in school? (Please check all that apply.)**

☐ Working ☐ Graduated/ GED ☐ Vacation/ Summer ☐ Too young  
☐ Medical/Health Problems ☐ Dropped Out ☐ Expelled

**Substance Use**

6. Has your child's use of drugs and/or alcohol created problems in his/her life (problems with a job, family, school, etc.) in the **PAST 3 MONTHS?** ☐ Yes ☐ No

**Legal Status**

7. How many times has your child been arrested in the **PAST 3 MONTHS?**

☐ No Arrests ☐ 1 Arrest ☐ 2 Arrests ☐ 3 Arrests ☐ 4 or More Arrests

8. How many days was your child in a correctional facility/ jail/ juvenile detention in the **PAST 3 MONTHS?**

☐ Not in Jail ☐ 1-6 Days ☐ 1-2 Weeks ☐ 3-4 Weeks ☐ 1-2 Months ☐ 3 Months or More

9. Has your child received services for at least 2 months?

☐ Yes

☐ No – **STOP HERE!**

*Please answer question 10, below.*

***DO NOT** answer question 10. Please provide any comments in "Family Comments" section below.*

**Social Connectedness and Perception of Services**

10. As a direct result of services received from this center, **my child:** (Please check all that apply.)

☐ Does better in social situations.

☐ Is not bothered by symptoms as much.

☐ Gets along better with his/her family.

☐ Is better able to cope when things go wrong.

☐ Is satisfied with his/her life right now.

☐ Is better at handling daily life.

☐ Does better in school and/or work.

\* \* \*

☐ Has improved his/her living situation.

☐ Is **NOT** doing well now.

**Family's Comments:**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

**For Official Use Only**

**Client ID:** \_\_\_\_\_

**Respondent's Relationship to Client:** \_\_\_\_\_

**Admission**

**Date:** \_\_\_\_\_

**Purpose of Evaluation:**

☐ Admission

☐ Update

☐ Discharge

☐ Client left services/ Information not available

☐ Family Refused

SA

**Wyoming Performance Outcome Measures  
Substance Abuse Survey for Youth (Ages 12-17 years)**

YOUTH

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by answering these questions. Thank you for your help.

**Length of Services**

**1. Approximately, how long have you been receiving services here?**

☐ Less than one month. ☐ 1-2 months ☐ 3-5 months ☐ 6 months to 1 year ☐ More than 1 year

**Living Situation**

**2. What is your current living situation? (Please check one.)**

☐ With One or Both Parents ☐ Group Home ☐ Institutional Setting  
☐ With Another Family Member ☐ Residential Treatment Center ☐ Other \_\_\_\_\_  
☐ Foster Home ☐ Jail/ Detention Center/ Correctional Facility  
☐ Therapeutic Foster Home ☐ Homeless / Runaway

**Hospital Services**

**3. Have you been in the hospital for substance abuse and/or mental health problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**4. Have you been treated in the Emergency Room for substance abuse and/or mental health problems in the PAST 3 MONTHS?** ☐ Yes ☐ No

**Education:**

**5. Have you attended school at any time in the PAST 3 MONTHS?**

☐ Yes, I have attended school in the past 3 months.

**5a. I am currently in (indicate grade level):** \_\_\_\_\_

**5b. How many days of school did you miss in the last MONTH?**

☐ Not absent ☐ 1-2 days ☐ 3-4 days ☐ More than 4 days ☐ Don't remember

**5c. Have you been suspended in the PAST 3 MONTHS?**

☐ Yes (indicate number of days): ☐ 1-2 days ☐ 3-4 days ☐ More than 4 days  
☐ No, not suspended ☐ Don't remember

☐ No, I have not attended school in the past 3 months.

**5d. The highest grade I completed was (indicate grade level):** \_\_\_\_\_

**5e. Why were you not in school? (Please check all that apply.)**

☐ Working ☐ Graduated/ GED ☐ Vacation/ Summer  
☐ Medical/Health Problems ☐ Dropped Out ☐ Expelled



SA

**Wyoming Performance Outcome Measures**  
**Substance Abuse Survey for Adults (18 Years and Older)**

ADULT

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please help our agency make services better by answering these questions. Thank you for your help.

Length of Services

**1. Approximately, how long have you been receiving services here?**

- ☐ Less than one month. ☐ 1-2 months ☐ 3-5 months ☐ 6 months to 1 year ☐ More than 1 year

Living Situation

**2. What is your current living situation? (Please check one.)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> House, Apartment, or Trailer | <input type="checkbox"/> Residential Treatment | <input type="checkbox"/> Jail/ Correctional Facility |
| <input type="checkbox"/> Group Home                   | <input type="checkbox"/> Nursing Home          | <input type="checkbox"/> Homeless / Runaway          |
| <input type="checkbox"/> Supported Housing            | <input type="checkbox"/> Institutional Setting | <input type="checkbox"/> Other _____                 |

Hospital Services

**3. Have you been in the hospital for substance abuse and/or mental health problems in the PAST 3 MONTHS?**

- ☐ Yes ☐ No

**4. Have you been treated in the Emergency Room for substance abuse and/ or mental health problems in the PAST 3 MONTHS?**

- ☐ Yes ☐ No

Education:

**5. What is the highest grade you have completed?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No school                      | <input type="checkbox"/> Graduated high school/ GED        | <input type="checkbox"/> Post graduate degree |
| <input type="checkbox"/> Grade school (Grades 1-8)      | <input type="checkbox"/> Some college/ technical education |   |
| <input type="checkbox"/> Some high school (Grades 9-12) | <input type="checkbox"/> College degree                    |   |

**6. Have you attended school, college or trade school training at any time in the PAST 3 MONTHS?**

- ☐ Yes, I have attended school/college in the past 3 months.  
☐ Yes, I have attended job training or technical education in the past 3 months.  
☐ No, I have not attended school in the past 3 months.

**7. Have you received any of the following in the PAST 3 MONTHS? (Please check all that apply.)**

- ☐ High school diploma/GED ☐ Training Certificate ☐ College Degree ☐ Not Applicable

Employment

**8. Are you currently employed?**

- |   |  |
|---|--|
| <input type="checkbox"/> Part-Time: Less than 30 hours per week | <input type="checkbox"/> Seasonal Worker currently not working     |
| <input type="checkbox"/> Full-Time: More than 30 hours per week | <input type="checkbox"/> Not in Labor Force (please specify below) |

**If NOT IN LABOR FORCE, please specify:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Institution/ Controlled Environment |
| <input type="checkbox"/> Student   | <input type="checkbox"/> Unemployed                          |
| <input type="checkbox"/> Retired   | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Disabled  | <input type="checkbox"/> Not applicable                      |

**9. Have you used any of the following in the LAST MONTH?**

**10. How many days have you been clean and/or sober?**

**11. How many times were you arrested in the PAST 3 MONTHS?**

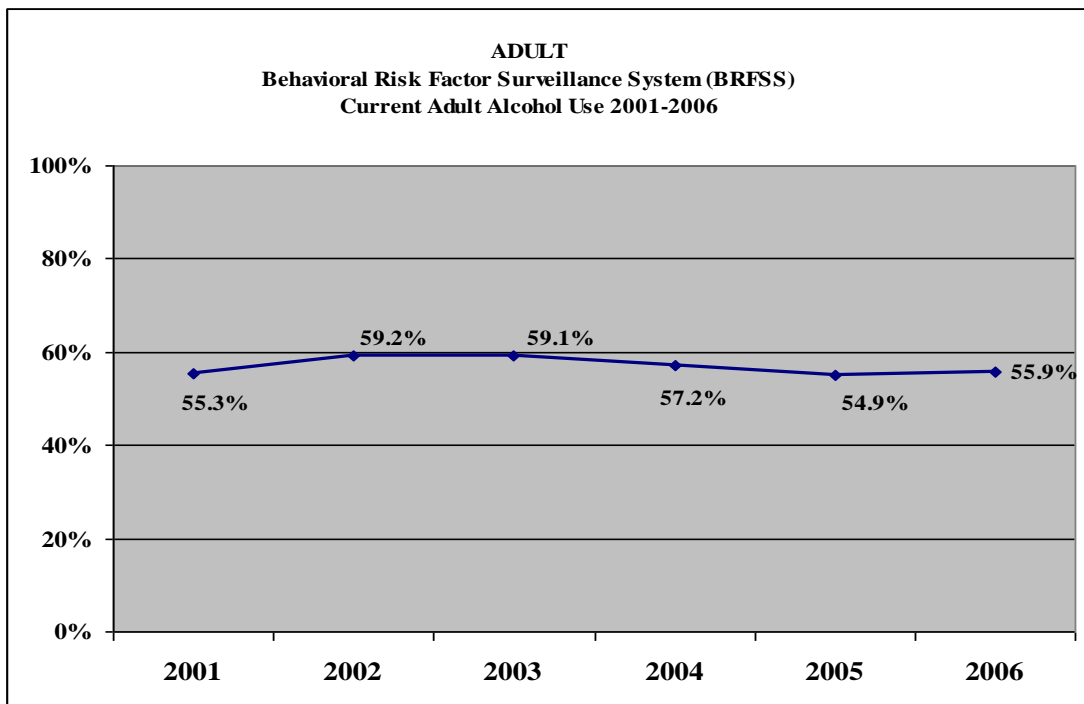
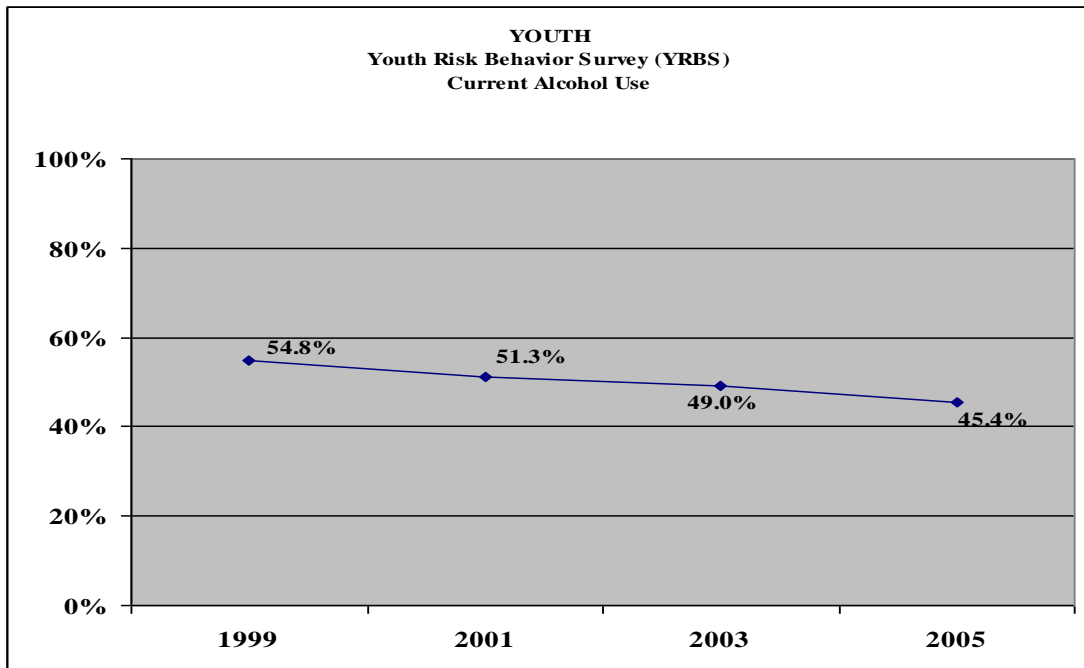
☐ Not in Jail    ☐ 1-6 Days    ☐ 1-2 Weeks    ☐ 3-4 Weeks    ☐ 1-2 Months    ☐ 3 Months or More

**13. As a direct result of services I received from this center:** *(Please check all that apply.)*

29

*G: Alcohol Use: Youth and Adult Current Use*

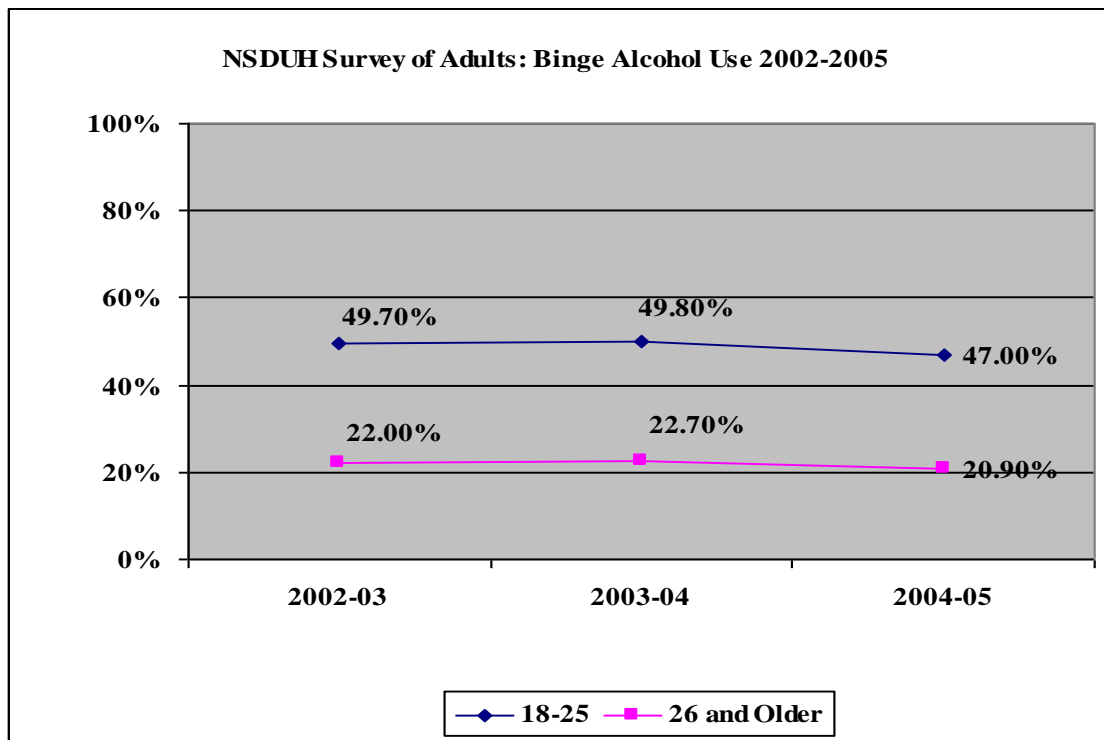
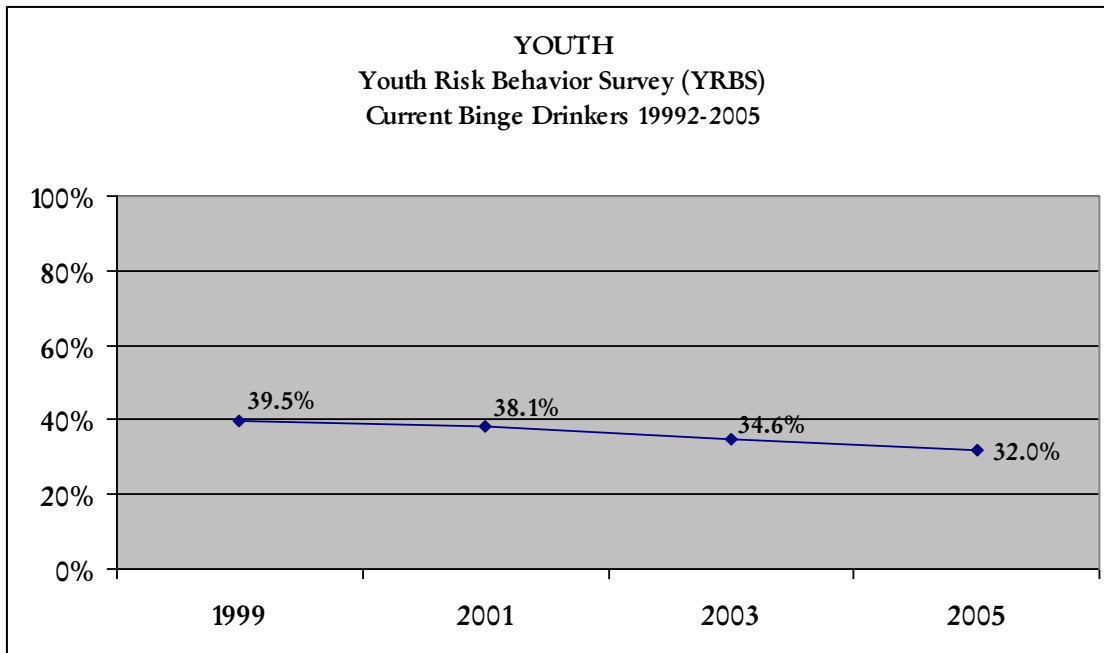
While it appears that youth use of alcohol is declining, adult use has been relatively stable across time, with changes +/- approximately 4% since 2001.





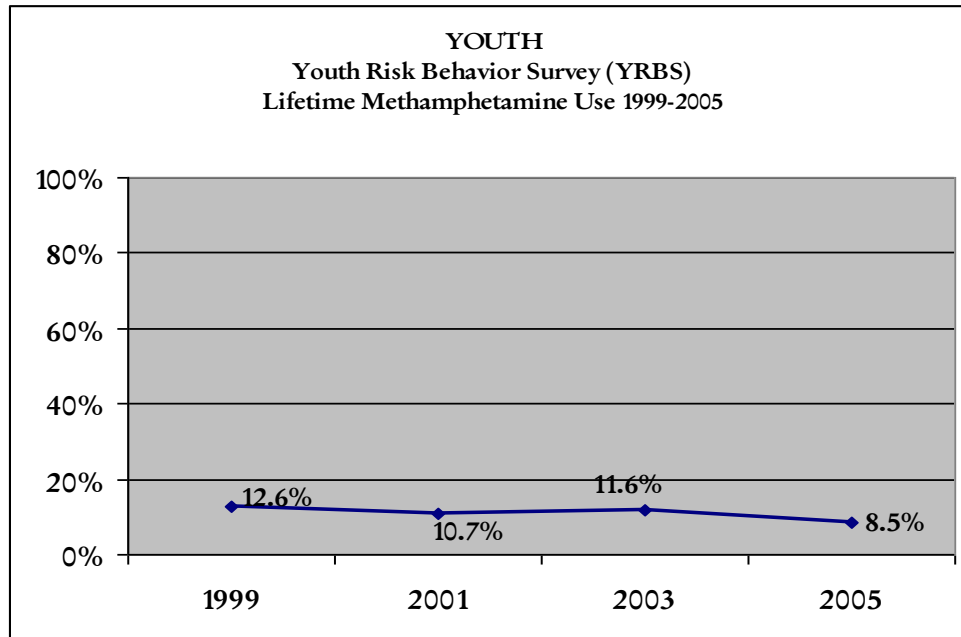
*H: Binge Drinking: Youth and Adult Patterns*

Since 1999, youth self-reported occurrence of 'current binge drinking' has decreased by approximately 7.5%. Similarly, adult self-reported binge drinking has decreased, though by only approximately 1-3%.



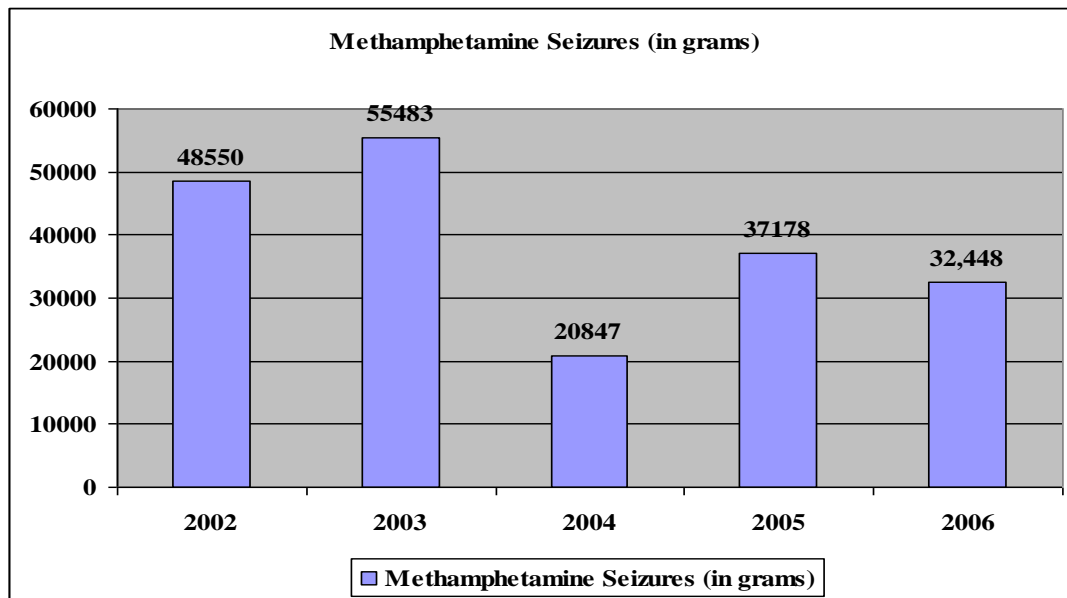
*I: Methamphetamine Use: Youth Lifetime Use*

Following a slight increase in 2003, lifetime methamphetamine rates for Wyoming's youth have seen a general decline since 1999. This trend is encouraging, however, it is important to consider the fact that alcohol use across the same years is much higher than methamphetamine use rates.



Please note that survey questions asking about 'lifetime use' include any number of incidents (e.g., one-time users included).

*J: Methamphetamine Seizures: Division of Criminal Investigations (DCI)*



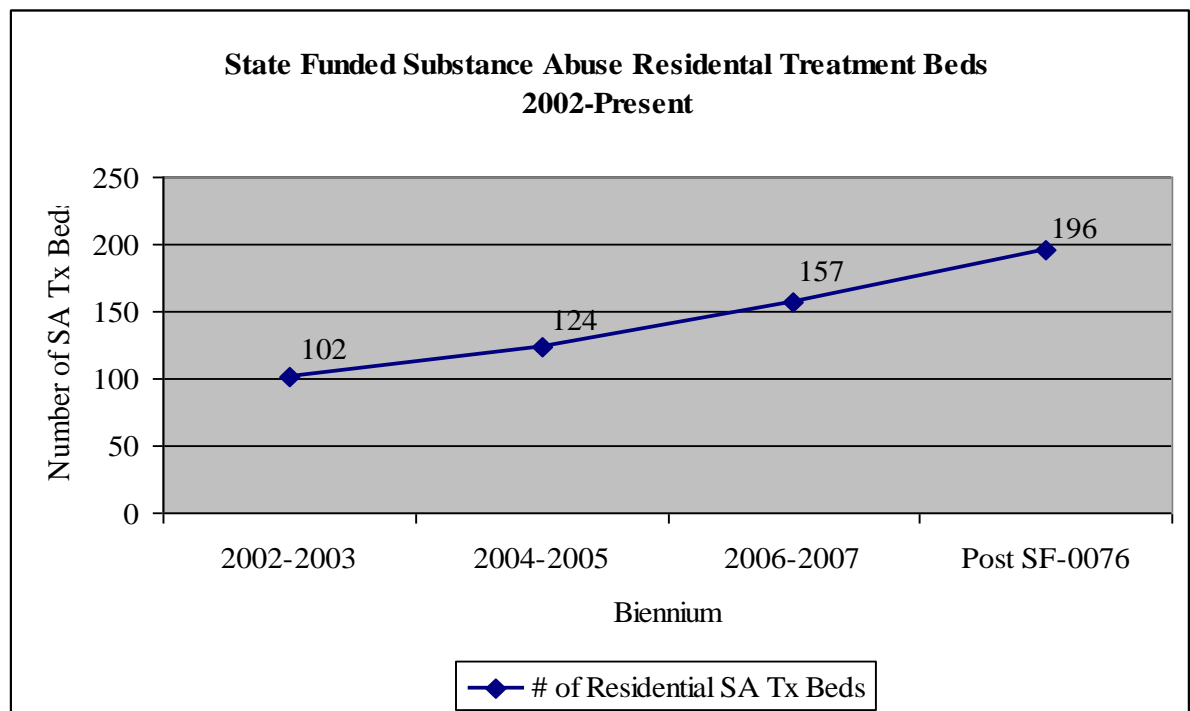
*K: Methamphetamine Labs 2001-2006*

**Meth Labs Reported by Division of Criminal Investigation  
2001-2006**

| Year | Total Labs | % Change |
|------|------------|----------|
| 2001 | 20         | -        |
| 2002 | 60         | 200%     |
| 2003 | 18         | -70%     |
| 2004 | 17         | -5.5%    |
| 2005 | 13         | -23.5%   |
| 2006 | 7          | -46.2%   |

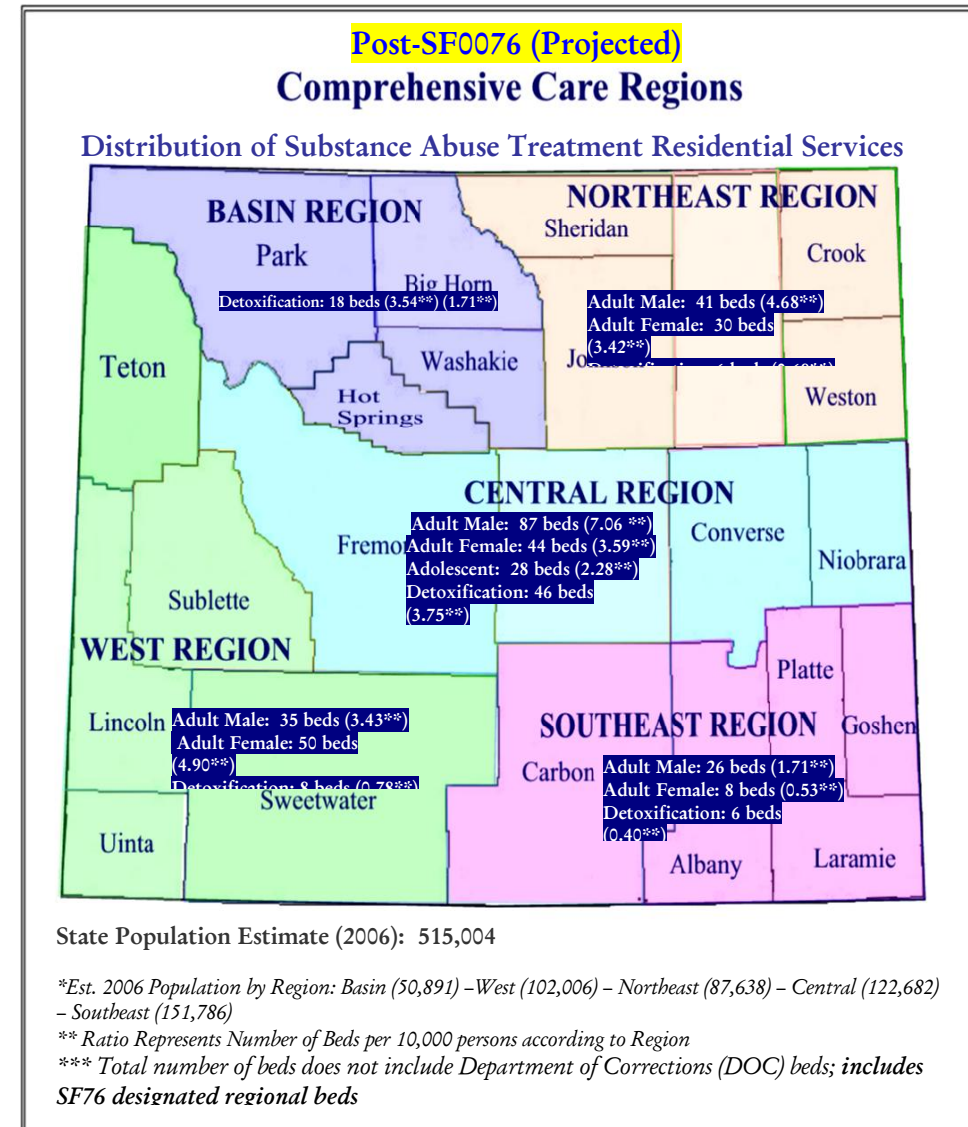
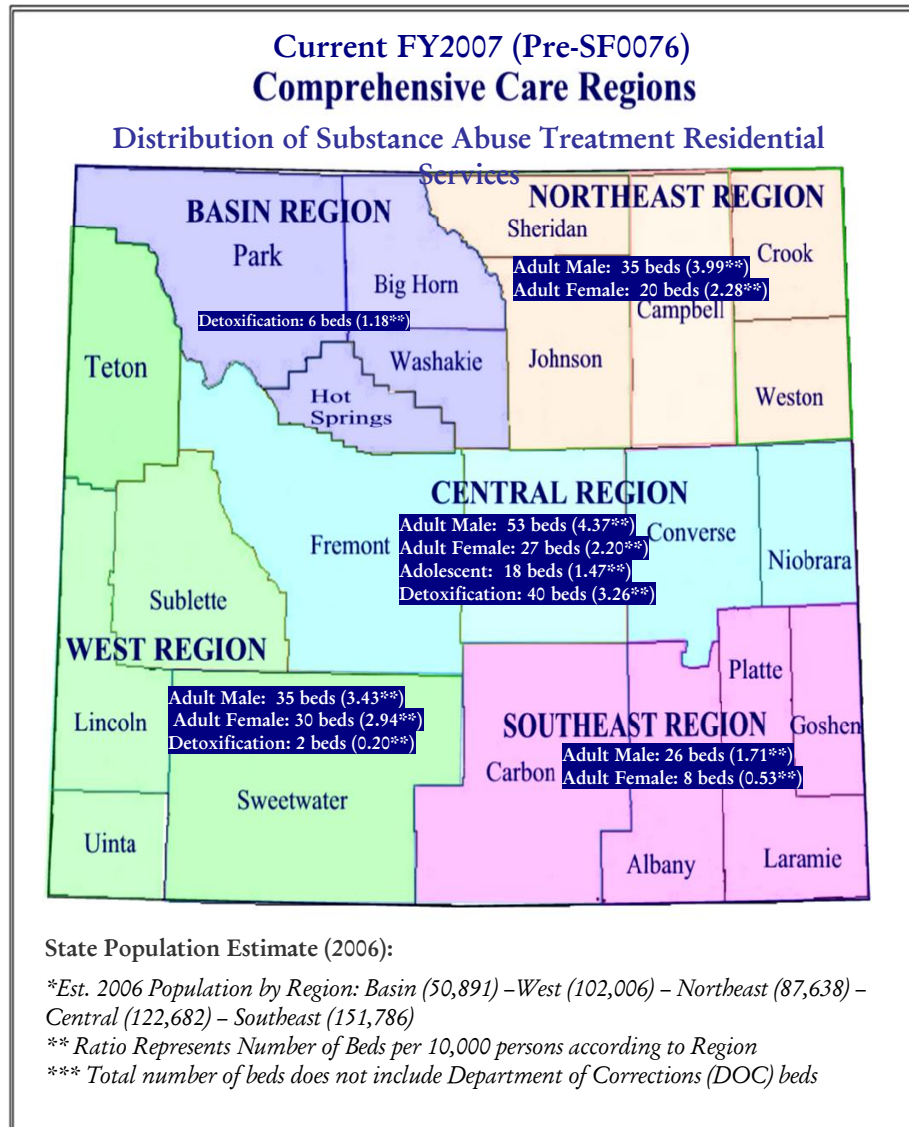
*L: Substance Abuse Treatment Beds: Evolution from 2002 to Post S.F. 0076*

The following figure depicts the change across time in total number of State-funded substance abuse treatment beds available in the state of Wyoming from 2002 through the present. The number of beds has steadily risen since 2002, with the total number seeing an increase of almost 100%.

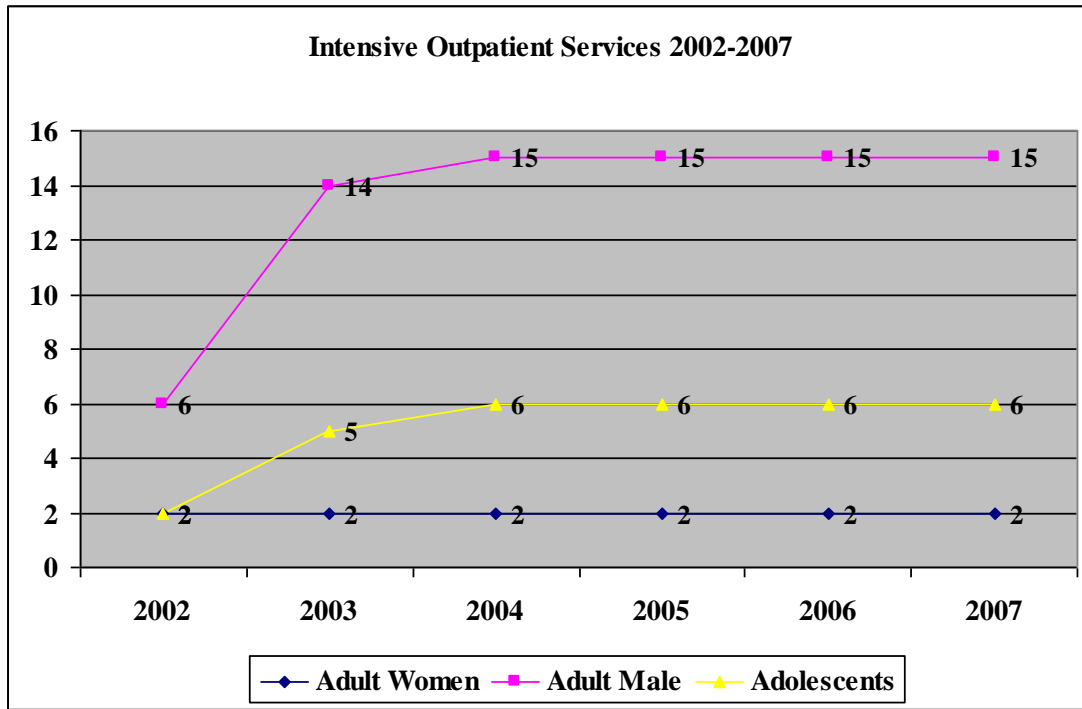


**M: Per Capita Examination of Treatment Beds**

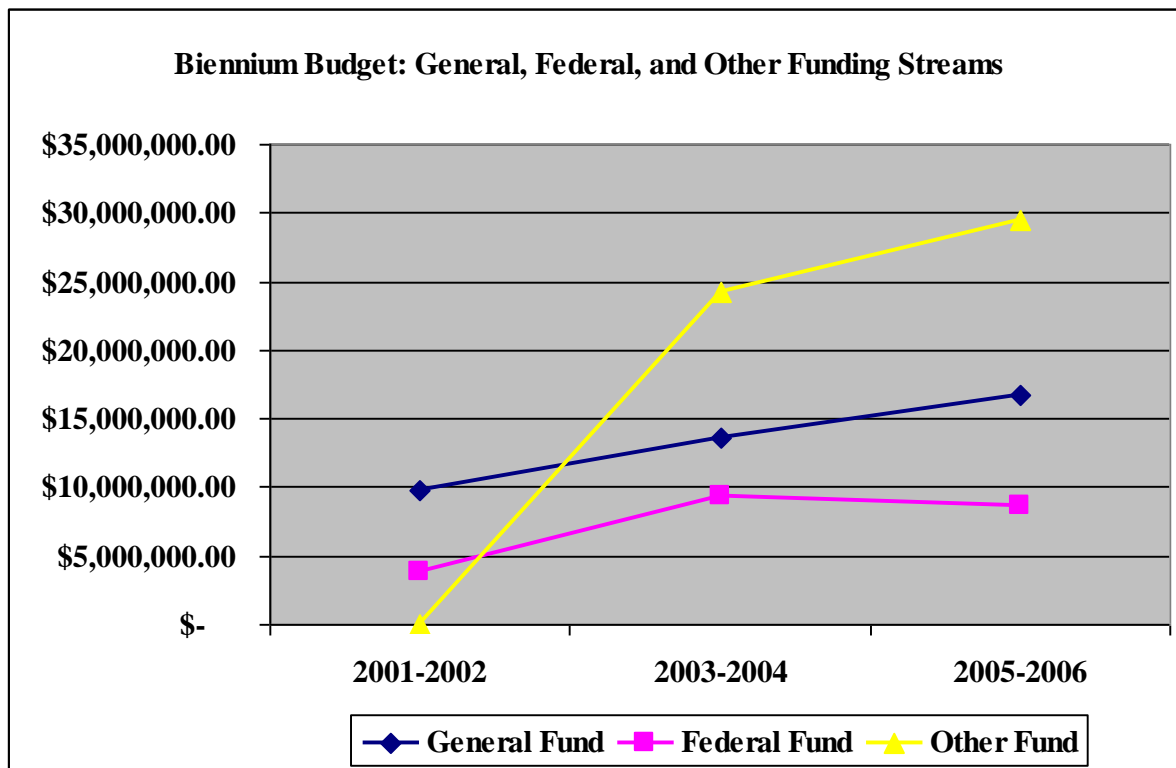
For a more complex examination of the most recent legislation (the passage of SF76) and its impact on residential treatment availability, the following regional maps depict the raw number of beds by region, as well as the per capita number of beds. The first graphic shows the present (FY2007) number of beds; the second shows the expected number of beds by region according to SF76.



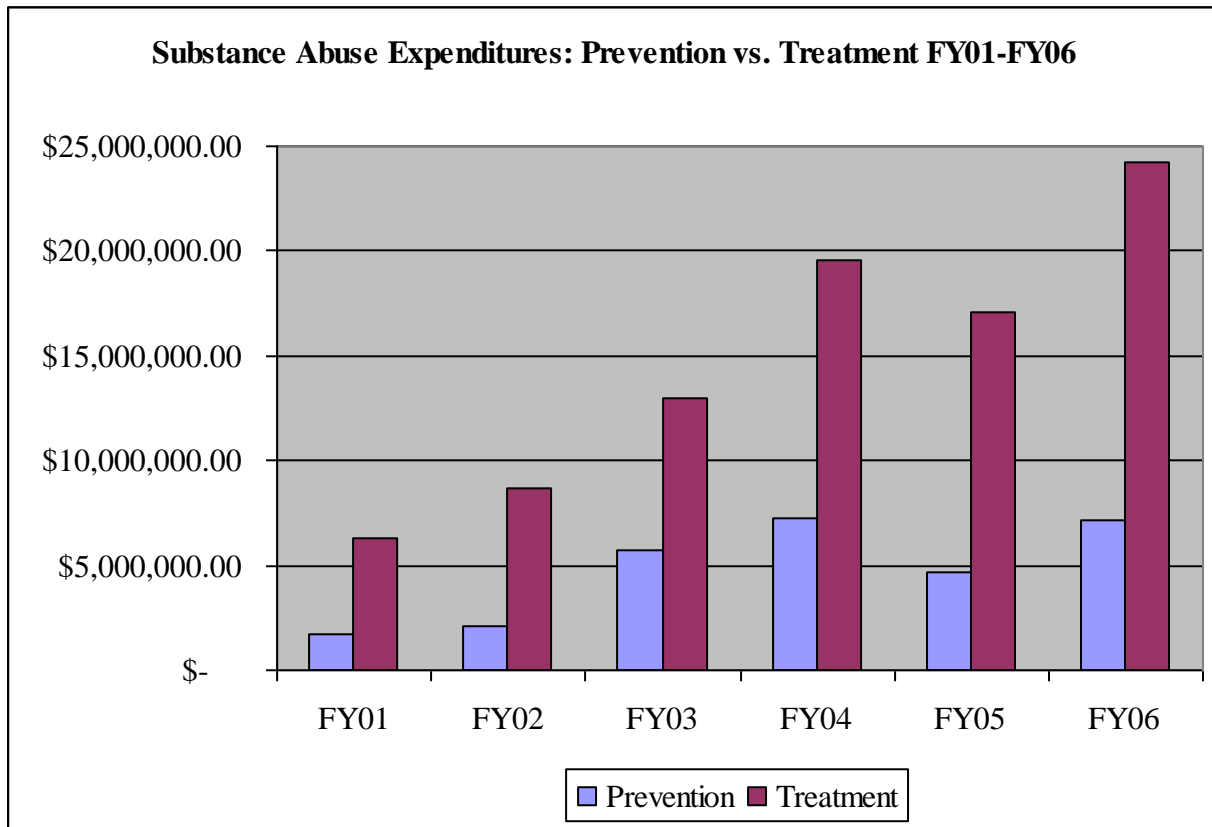
N: Wyoming Intensive Outpatient Services (Number of Beds by Type)



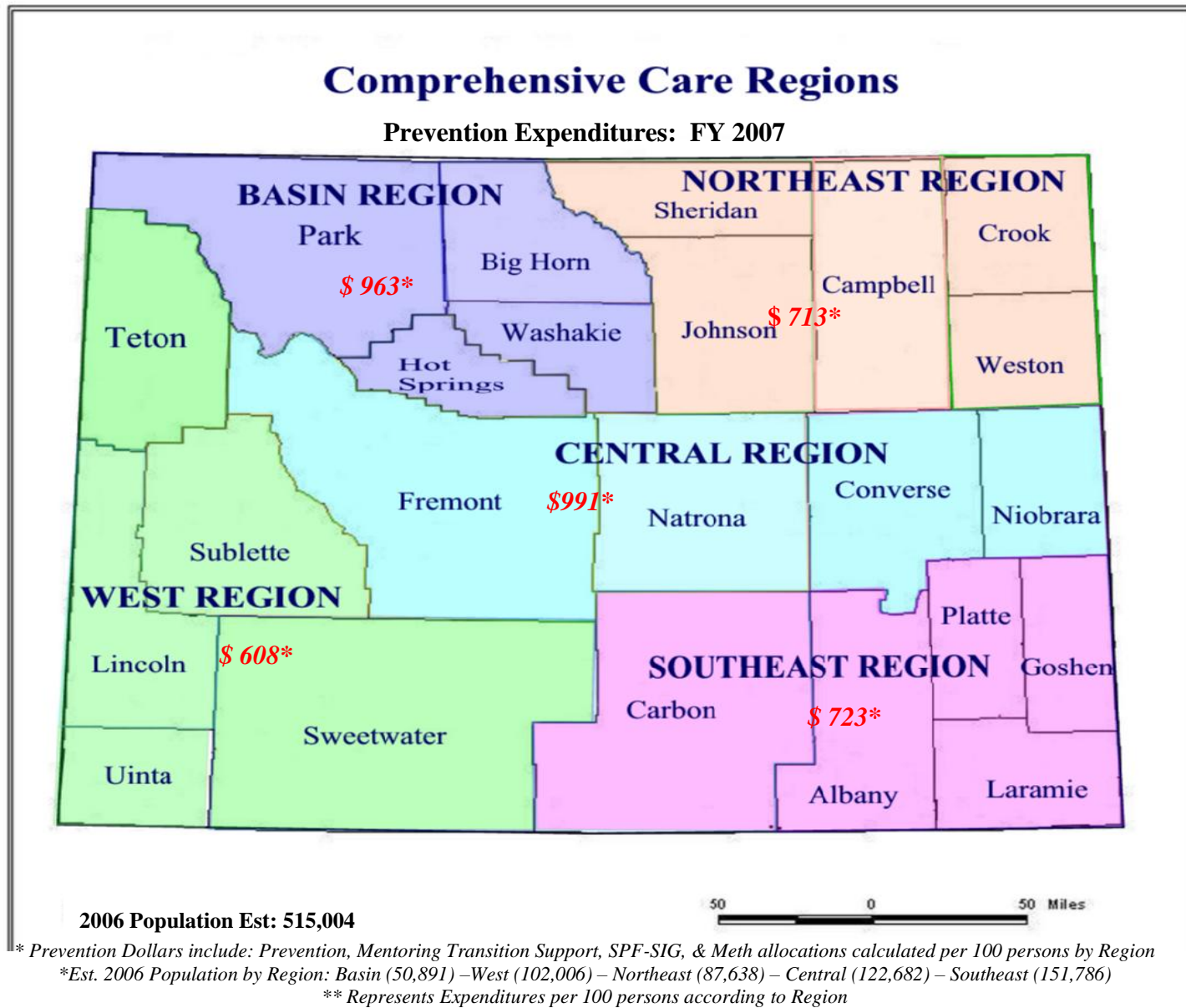
O: General Substance Abuse Division Biennium Budget



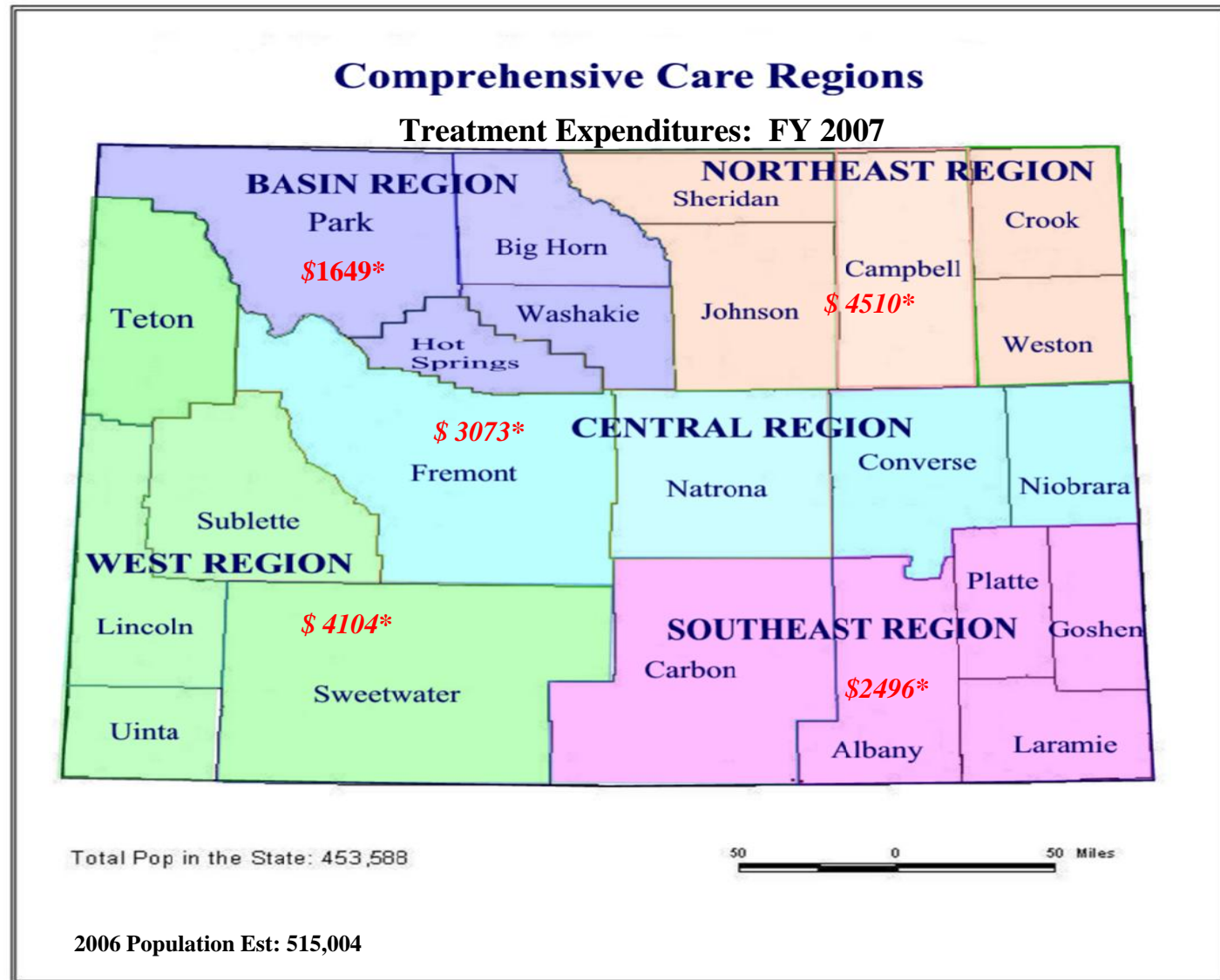
*P: Substance Abuse Division Expenditures: Prevention vs. Treatment*



Q: Prevention Specific Expenditures FY 2007 by Region and Per Capita



R: Treatment Specific Expenditures FY 2007 by Region and Per Capita



\*Est. 2006 Population by Region: Basin (50,891) – West (102,006) – Northeast (87,638) – Central (122,682) – Southeast (151,786)

\*\* Represents Expenditures per 100 persons according to Region



S: Department of Family Services Expenditures FY 2007

Agency

Name: Department of Family Services

FY 07

Amount

Staffing: Description/ Number FTE's

ISP PROBATION & SUPPORT STAFF / Thirty (30) 1,299,691

Printing, Office Supplies, Travel, etc 298,400

Space Rental 18,216

Telecom - ITD 69,167

Other 81,584

Support Services Total 467,366

Professional Contractual Services

| Vendor                                     | Service Type  | Amount  | Location   |
|--|---|---------|------------|
| FRONTIER PSYCHOLOGICAL ASSOC               | PSYCHOLOGICAL AND/OR SUBSTANCE ABUSE                | 4,405   | EVANSTON   |
| BIG BROTHERS/BIG SISTERS / Greater Wyoming | MENTORING SERVICES & COMMUNITY SERVICE COORDINATION | 152,847 | LARAMIE    |
| WITH EAGLES WINGS / THREE HOOPS            | SUBSTANCE ABUSE ASSESSMENT AND COUNSELING           | 14,386  | SHERIDAN   |
| YOUTH EMERGENCY SERVICES, INC              | DAY TREATMENT FOR ISP YOUTH AND FAMILIES            | 30,852  | GILLETTE   |
| CEDAR MOUNTAIN CENTER / WEST PARK HOSPITAL | YOUTH COUNSELING FOR BEHAVIORAL AND SUBSTANCE ABUSE | 11,520  | CODY       |
| BIG HORN COUNTY HEALTH                     | COMMUNITY BASED AND FAMILY THERAPY                  | 23,273  | BASIN      |
| EASTERN SHOSHONE                           | INTENSIVE SUPERVISION PROGRAM                       | 45,962  | SHOSHONE   |
| G4S  | ELECTRONIC MONITORING                               | 10,724  | CALIFORNIA |
| UNIVERSITY OF WYOMING                      | WYSAC- DATA ANALYSIS                                | 44,123  | LARAMIE    |
| TOTAL                                      |   | 338,092 |            |

Subtotal for FY07 2,105,150

Total

Biennium 07 Appropriations 2,521,065

Biennium 08 Appropriations 2,521,065

Total Appropriations for FY 2007-2008 5,042,130

Balance Appropriations for FY 2007-2008 2,936,980

\$81,584 posted in "other" is all other 900 series expenditures that were not "contracted" check 2,105,150

All figures as of June 30, 2007

T: Department of Corrections Expenditures FY 2007

**Agency Name: Department of Corrections  
Substance Abuse Control Plan**

FY07 Expenditures

|                  |                           |                                      |           |                    |
|------------------|---------------------------|--------------------------------------|-----------|--------------------|
| <b>Staffing:</b> | Description/ Number FTE's | 1- 100 Bed Contract Monitor          | \$62,781  |                    |
|                  |                           | 13-Substance Abuse/Drug Court Agents | \$843,592 |                    |
|                  |                           | 1-AOAA Coordinator; 6 AWEC Assessors | \$391,403 |                    |
|                  |                           | <b>Total</b>                         |           | <b>\$1,297,777</b> |

|                         |                                   |   |                 |                 |
|-------------------------|-----------------------------------|---|-----------------|-----------------|
| <b>Support Services</b> | Includes: 200, 400 and 500 series | 100 Bed Contract Monitor                  | \$4,076         |                 |
|                         |                                   | Community Substance Abuse/Drug Court AOAA | \$4,824         |                 |
|                         |                                   | <b>Support Services Total</b>             | <b>\$49,680</b> | <b>\$58,581</b> |

Professional  
Contractual  
Services

| <b>Vendor</b>               | <b>Service Type</b>                           |          |                 |
|-----------------------------|---|----------|-----------------|
| Community Education Centers | Drug court/residential/transitional treatment | \$27,795 |                 |
| WYSAC                       | Assessors - AOAA                              | \$6,302  |                 |
| Angela Lavery Benson        | Assessor - AOAA                               | \$3,100  |                 |
| Interpreters                | Interpreting - AOAA                           | \$463    |                 |
| Advertising                 | Advertising - AOAA                            | \$304    |                 |
| Commercial Printing         | Commercial Printing - AOAA                    | \$69     |                 |
| Commercial Printing         | Commercial Printing 100 bed                   | \$15     |                 |
|                             | <b>Total</b>                                  |          | <b>\$38,048</b> |

|                          |                    |
|--------------------------|--------------------|
| <b>Subtotal for FY07</b> | <b>\$1,394,406</b> |
|--------------------------|--------------------|

|  |                    |
|--|--------------------|
| Biennium 06/07 Appropriations                | \$3,587,004        |
| B11#7246 Market/cost of living)              | \$12,835           |
| B11#7334 (To Health)                         | -\$250,000         |
| <b>Total Appropriations for FY 2007-2008</b> | <b>\$3,349,839</b> |

|   |                    |
|---|--------------------|
| Unspent Balance Appropriations for FY 2007-2008 | \$1,955,433        |
| Encumbrances as of 6/30/07                      | \$297,660          |
| <b>Unobligated Balance 6/30/06</b>              | <b>\$1,657,773</b> |

*U: Wyoming Department of Health – Mental Health and Substance Abuse Services Division  
Expenditures FY 2007*

**AGENCY: Department of Health - Mental Health and Substance Abuse Services Division**

**FY07 Expenditures - Substance Abuse Control Plan**

All figures as of June 30, 2007

|   |                  |
|---|------------------|
| Staffing:   | \$160,977        |
| Support Services travel, office supplies, registrations, publications, training, temp services, etc | \$65,948         |
| <b>Sub-Total</b>  | <b>\$226,925</b> |

**Substance Abuse Services**

| Provider                 | OP                 | Residential        | Total              | County             |
|--------------------------|--------------------|--------------------|--------------------|--------------------|
| Big Horn                 | \$143,636          |                    | \$143,636          | Big Horn           |
| Campbell                 | \$167,928          |                    | \$167,928          | Campbell           |
| Carbon                   | \$74,503           |                    | \$74,503           | Carbon             |
| Central                  | \$308,337          |                    | \$308,337          | Natarona           |
| Curran-Seeley            | \$106,475          |                    | \$106,475          | Teton              |
| Solutions for Life       | \$96,545           |                    | \$96,545           | Converse           |
| Fremont                  | \$282,597          |                    | \$282,597          | Fremont            |
| High Country             | \$97,575           |                    | \$97,575           | Lincoln & Sublette |
| Hot Springs              | \$58,334           |                    | \$58,334           | Hot spring         |
| Mt. Regional-Cornerstone | \$96,474           |                    | \$96,474           | Uinta              |
| Northern                 | \$308,319          |                    | \$308,319          | Sheridan           |
| Pathfinder               |                    |                    |                    | Laramie            |
| ShoRap                   |                    |                    |                    | Wind River         |
| Peak Wellness Ctr        | \$934,870          | \$295,896          | \$1,230,766        | Laramie            |
| Southwest                | \$164,621          | \$239,300          | \$403,921          | Sweetwater         |
| Washakie                 | \$138,297          |                    | \$138,297          | Washakie           |
| West Park-Cedar Mt Ctr   | \$173,474          |                    | \$173,474          | Park               |
| Wystar                   |                    | \$636,960          | \$636,960          | Sheridan           |
| FCACC (detox)            |                    | \$471,138          | \$471,138          | Fremont            |
| <b>Sub-Total</b>         | <b>\$3,151,985</b> | <b>\$1,097,156</b> | <b>\$4,795,279</b> |                    |

**Drug Court**

|                                      |                    |            |
|--------------------------------------|--------------------|------------|
| Adult Tribal SA Court                | \$172,403          | Wind River |
| Albany Co Adult                      | \$199,126          | Albany     |
| Evanston Juvenile                    | \$204,407          | Unita      |
| Laramie Co Adult amended to increase | \$276,020          | Larmaie    |
| Lincoln Co Adult DC                  | \$159,363          | Lincoln    |
| Natrona Co. Adult                    | \$334,507          | Natrona    |
| Park County Adult                    | \$200,000          | Park       |
| Sheridan Co Adult \$200,000          | \$145,401          | Sheridan   |
| Sheridan Juvenile                    | \$200,000          | Sheridan   |
| Sweetwater Family Trmt Court         | \$43,282           | Sweatwater |
| Uinta Co Adult                       | \$248,338          | Unita      |
| Campbell Co Adult DC Refund          | -\$163,915         | Campbell   |
| Campbell Juvenile & Family           | -\$16,726          |            |
| Teton Co Drug Ct                     | -\$46,835          | Teton      |
| Johnson Co Adult DC Refund           | -\$2,867           | Johnson    |
| Johnson Co Juvenile DC Refund 05-06  | -\$12,689          |            |
| Johnson Co DC Refund FY04-05         | -\$44,084          |            |
| Sweetwater Treatment Court           | -\$26,836          | Sweetwater |
| Drug Court Conference Awards         | \$5,354            | Statewide  |
| <b>Sub-Total</b>                     | <b>\$1,874,250</b> |            |

**Prevention**

|                             |                  |
|-----------------------------|------------------|
| Youth Engagement            | \$11,080         |
| Underage Alcohol Compliance | \$139,016        |
| ATOD Prevention             | \$31,374         |
| <b>Sub-Total</b>            | <b>\$181,470</b> |

**Professional Contractual Services**

|                                     |           |
|-------------------------------------|-----------|
| Evaluations                         | \$133,866 |
| Data System                         | \$24,821  |
| Certification                       | \$536,897 |
| Consulting/Technical Assistance     | \$69,770  |
| Drug Test Kits                      | \$75,402  |
| Social Marketing                    | \$400,000 |
| Children-Incarcerated Parents Study | \$50,000  |
| Prevention Needs Assessment (PNA)   | \$124,932 |

|                  |                    |
|------------------|--------------------|
| <b>Sub-Total</b> | <b>\$1,415,687</b> |
|------------------|--------------------|

|                   |                    |
|-------------------|--------------------|
| <b>Total FY07</b> | <b>\$8,493,611</b> |
|-------------------|--------------------|

|  |                     |
|--|---------------------|
| <b>Biennium 2007-2008 Appropriations</b> | <b>\$19,269,863</b> |
|--|---------------------|

|                                 |                     |
|---------------------------------|---------------------|
| <b>Balance for FY 2007-2008</b> | <b>\$10,776,252</b> |
|---------------------------------|---------------------|